D. If you are dissatisfied with the First Level response, excelent the reason below, attach supporting documents and automit to the Appeals Cod for processing within 30 catendar days of receipt of response. If you need more space, use Section D of the CDCR 802-A. Image: Code	OCR 602 (REV. 08/09)								Side
E. Second Level - Staff Use Only This appeal has been: Pepeal has been: By-passed at Second Level of Review. Go to Section G. Rejected (See attached letter for instruction) Date: Date: Date: Date: Cancelled (See attached letter) Date Cancelled (See attached letter) Date: Date: Date: Date: Cancelled (See attached letter) Date Date: Date: Date: Date: Cancelled (See attached letter) Date Date: Date: Date: Date Cancelled (See attached letter) Date Date: Date: Date: Date: Date: Cancelled (See attached letter Date: Date:								ppeals Coo	rdina
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Second Level Responder. Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and the interview date and location, and complete the section below. Date of Interview Interview		,							
Interview date and location, and complete the section below. Date of interview: Your appeal issue is: Granted Granted in Part Denied Other: See attached letter. If dissatisfied with Second Level response, complete Section F below. Interviewer: Pear Name Title: Signature: Date completed: Pear Name Date completed: Pear Name AC Use Only Date malled/delivered to appellant /- F. If you are dissatisfied with the Second Level response, explain reason below, attach supporting documents and submit by mail for Thin Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Correction Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A. Inmate/Parolee Signature: Date:	Assigned to:		Title:	Date As:	signed:	O	ate Due:		
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F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Thir Review. It must be received within 30 calendar days of receipt of prior response. Mall to: Chief, Inmate Appeals Branch, Department of Correctic Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A. Inmate/Parolee Signature: Date Submitted:								,	,
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Cancelled (See attached letter) Date: Accepted at the Third Level of Review. Your appeal issue is Granted Granted in Part Denied Other: See attached Third Level response. Third Level Use Only Date mailed/delivered to appellant [I] Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because; State reason. (If withdrawal is condition conditions.)		d letter for instruction) Date:	Date:	Date:	Dat	e: Dat	e:	
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