State of Iowa  
Department of Corrections  

OFFENDER APPEAL OF DISCIPLINARY ACTION

Offender Name: ________________________Return by: Date: _________________

Offender Number: _______________________ Time: _________ (a.m./p.m.)

1. Written appeal to Warden/Designee within twenty-four (24) hours of receipt of hearing decision.

2. Appeal decision shall be implemented upon receiving written or oral notice from Warden. Pending response to the appeal(s) to the Warden, normally offender remains in status held immediately prior to hearing.

I am appealing the disciplinary decision against me on hearing number (if applicable) ____________________ dated ____________________.

Rule Violation(s) being appealed
No.(s):________________________________

My basis for appeal is as follows:  (Cite specific reasons, new evidence, witnesses, and what you are requesting, etc.)

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Time: ___________ (a.m./p.m.) Offender’s Signature & Date

Date Received: _________________

By: ___________________________