

**STATE OF IOWA**  
**DEPARTMENT OF CORRECTIONS**  
**RELIGIOUS GRIEVANCE APPEAL REVIEW**  
**STATEWIDE RELIGIOUS ACTIVITIES REVIEW COMMITTEE RESPONSE**

Assigned Grievance/Appeal#: \_\_\_\_\_

Date Grievance Appeal Received: \_\_\_\_\_

Offender Name: \_\_\_\_\_ No: \_\_\_\_\_

Institution: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

**Decision**

Sustained

Partially sustained

Denied

Other (explain below)

**Response**

\_\_\_\_\_

Responder: \_\_\_\_\_ Response Date: \_\_\_\_\_

**The decision of the Statewide Religious Activities Review Committee constitutes final agency action.**