

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

Assigned Grievance/Appeal#: _____

Date Grievance Appeal Received: _____

Incarcerated Individual 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.