Minnesota Department of Corrections MINNESOTA CORRECTIONAL FACILITY DISCIPLINE APPEAL

TO: Warden or Designee				
FROM: Incarcerated Individual:_				
	(Last Name)	(First Name)	(OID#)	(Facility/Living Unit)
Hearing Date:				
Report Number:				
Penalty:				
Reason for Appeal:				
Appeal must be made within 15	working days from	n receipt of the he	aring findir	ngs report.
Signed		(Incarcerate	ed Individua	al or Representative)
Receiving Staff				
(Staff Instructions – Note the dat	e and your name ir	n the proper space	e. Deliver t	o the discipline unit.)

Appeal Procedure

Incarcerated individuals may appeal the decision of the hearing officer to the warden/designee within 15 working days from receipt of the hearing findings report. All appeals must be submitted to the discipline unit on this form. All documents used in the disciplinary hearing process will be available to the warden and the offender may reference these documents in the appeal. For the purpose of preparing an appeal, the incarcerated individual may request access to the audiotape of the hearing (for major violations only), excluding any confidential testimony. Once the appeal has been filed or the time period to file an appeal has expired, the incarcerated individual will no longer have access to the hearing audiotape. The warden/designee will respond within ten working days from the receipt of the appeal. Failure to respond within ten days will result in reversal of the conviction.

cc: Incarcerated Individual and Discipline Unit