Department of Corrections
WASHINGTON STATE

CLASSIFICATION APPEAL

Name _____ DOC number _____ Facility _____ Date _____

Per DOC 300.380 Classification and Custody Facility Plan Review and DOC 310.150 Reception, Initial Classification, and Custody Facility Plan, assigned custody level may be appealed within 72 hours of being notified of the decision. Facility placement decisions cannot be appealed.

DECISION	APPEAL TO
☐ Classification decisions made at the facility	Superintendent/Community Corrections Supervisor
☐ Prison Compact transfer	Secretary/designee
☐ Headquarters Classification Unit	Classification and Case Management Administrator/designee
☐ MAX Custody Committee	Appropriate Assistant Secretary for Prisons/designee
☐ Headquarters Community Screening Committee	Classification and Case Management Administrator/designee

I am appealing the custody assignment decision made by:

_____

Reason(s):

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_____
_____

Appeal decision: ☐ Denied ☐ Reversed

Reason(s):

_____
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Reviewer _____ Signature _____ Date _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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