

PATIENT APPEAL OF ACCOMMODATION REVIEW COMMITTEE DECISION

I have been informed on this date of the Accommodation Review Committee (ARC) decision to **NOT** authorize the requested accommodation and that I have the right to appeal the ARC decision that the requested accommodation is **NOT** approved.

I wish to appeal the ARC decision and understand this appeal must be submitted within 10 days from the date of receiving DOC 13-510 Accommodation Review Committee – Decision Notification

NAME	SIGNATURE	DATE
DOC NUMBER	FACILITY	
APPEAL		

Keep the yellow copy for your records and deliver the original to the **ADA Coordinator** at your facility or mail it to: ADA Compliance Manager Health Services Department of Corrections

PO Box 41123 Olympia WA 98504-1123

DISTRIBUTION: WHITE – HEALTH RECORD Y

YELLOW – PATIENT

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.