



STATE OF ALASKA

DEPARTMENT OF CORRECTIONS

ADMINISTRATIVE SEGREGATION APPEAL

Institution: Date:

ACTION BEING APPEALED:

Appeal Due Date:

Initial Placement

4-month Review

30-day Review

Other

Appeal Received by: Date/Time:

The Institutional Probation Officer may be contacted for an explanation of how to complete this form and/or appeal procedures in accordance with P&P 804.01 Administrative Segregation Policy.

Appeal Statement:

(if more space is needed use additional paper or back of form.)

Prisoner's Signature (required)

Date

Decision on Appeal:

Signature of Official Making Decision

Title

Date