

Administrative Appeal Request Template

[Your full name]

[Your mailing address]

[City, State ZIP] | [Phone / email]

[Date]

Appeals Coordinator / [Reviewing authority per your handbook]

[Facility or agency name]

[Address]

RE: Appeal of grievance decision - Grievance #[number], decision dated [date]

Dear Appeals Coordinator:

I am appealing the decision issued on [date] regarding grievance #[number], filed on [date]. I am submitting this appeal within the timeframe required by [handbook/policy section, if known].

Grounds for appeal (state the ones that apply, with a short explanation):

- The decision did not address the issue I actually raised: [explain].
- The applicable policy or rule was not followed or was applied incorrectly: [explain].
- There is new information that was not available earlier: [describe].
- The remedy provided does not resolve the problem: [explain].

Requested outcome: [state specifically what you are asking the reviewing authority to do].

Copies of the original grievance and the decision are attached. Please keep this appeal with my grievance record and respond in writing.

Sincerely,

[Signature]

[Printed name] ID #: [number] Date: [date]

This is a general-purpose template provided by PrisonerRights.org for convenience. It is NOT an official government form and it is not legal advice. Policies, required forms and deadlines vary by state, agency and facility - always check the rules of the specific facility or agency first, use the official form where one exists, and consider consulting a qualified attorney. Replace every [bracketed] item with your own information before sending, and keep a copy of everything you submit.