MDHS/DYS Oakley Youth Development Center
Form VII.9.H Disciplinary Appeal

Youth Name: _____ Date of Violation: ___/___/_____

Rule Violation Tracking #: _____ Incident #: _____

I have been advised of my right to appeal the Disciplinary Hearing Officer's/Treatment Team's determination to the Facility Administrator. I hereby wish to appeal:

_____The decision of my case.

_____The sanction(s) that were imposed.

The date of the filing of this waiver with the Disciplinary Hearing Officer/Treatment Team may be considered the date hereof.

_____ _____

Youth Name Date Filed Housing Unit

_____

Youth Representative

Reason for Appeal: _____

_____

_____

Appeal:

____ Upheld
____ Reversed
____ Modified

Explanation: _____

_____

_____

_____

_____ _____

Signature of DHO Date Facility Administrator Date