

Request for a review of an adjudication heard by a Governor or Director

Name of establishment

Charge No.

Please read these notes before you complete this form

1. This form is for you to ask for a review (usually known as an appeal) of an adjudication decision, punishment and/or the imposed non-punitive compensation requirement amount in respect of an adjudication heard in front of a Governor or Director. It cannot be used for any other purpose – if you want a review of the punishment for an adjudication which was heard in front of an Independent Adjudicator then you must complete form IA4 and send it to the Governor or Director within 14 days of the end of your adjudication.

2. You must ask for a review of your adjudication heard by a Governor or Director no later than six weeks after the adjudication was completed.

3. Please write clearly.

4. Sign and date the form and place it in the box provided for complaints. Your request will be acknowledged.

5. The Deputy Director of Custody or Director of High Security will then review your adjudication. This form will be returned to you with a decision about your request.

6. You have the right to see the evidence considered by the Deputy Director of Custody or Director of High Security.

7. You have the right to refer your adjudication to the Prisons and Probation Ombudsman if you are not satisfied with the Deputy Director of Custody's or Director of High Security's decision.

Your details (Use BLOCK CAPITALS)

Prisoner's No.

Prisoner's full name

Your reason for wanting a review of your adjudication
(please continue on a separate sheet if you need to)

Signature

Date

D

D

/

M

M

/

Y

Y

Y

Y

The Deputy Director of Custody’s decision about your request for a review of your adjudication

Signature

Name (BLOCK CAPITALS)

Position

Date

D

D

/

M

M

/

Y

Y

Y

Y

Say briefly what action was taken following the review

This section is for official use only

Serial number of review

Sentenced to

Category

Status

Release date

D

D

/

M

M

/

Y

Y

Y

Y

Ethnicity

Location

Date received

D

D

/

M

M

/

Y

Y

Y

Y

Date acknowledged

D

D

/

M

M

/

Y

Y

Y

Y

Date returned to prisoner

D

D

/

M

M

/

Y

Y

Y

Y

Outcome of review:

☐ Rejected ☐ Allowed