OFFICIAL

**Notice to Prisoner– Restriction of Communications**

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| --- | --- | --- | --- | --- | --- |
| **Prisoner Details** | | | | | |
| **Forename** | **Surname** | **Date of Birth (DD/MM/YYYY)** | **Prison Number** | **Establishment** | **Cell Location** |
| Type Here | Type Here | Select | Type Here | Type Here | Type Here |

|  |  |
| --- | --- |
| **Restricted Person Details** | |
| **Forename** | **Surname** |
| Type Here | Type Here |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dear *(insert prisoner name)………………………………………….*  You have been restricted from contacting the above-mentioned person on the following ground(s):   |  |  |  | | --- | --- | --- | | **Restriction Details** | | | | **Time period** | **Form of Contact** | **Grounds for Restriction (Prison Rule 34)** | | Type Here | Type Here | Type Here |   The decision to restrict you from contacting this individual has not been taken lightly as our establishment is committed to maintaining ties with family and friends.  Restriction of communications is not part of any form of punishment, but we are committed to make our establishment a safe and secure environment for prisoners, visitors, and staff and to safeguard the public where necessary. The restriction will be reviewed on (insert date).  You may appeal against this decision by using: (delete as applicable)   * The Formal Complaints procedure available on your residential unit for the attention of the Head of Security and Operations. * Writing a formal complaint addressed to the Governing Governor.   Regards,  [Insert Name Here]  [Insert Establishment Here] |  |