

REPORT OF SUSPENSION OF INMATE ORGANIZATION

GROUP NAME	FACILITY	DATE OF SUSPENSION
------------	----------	--------------------

ATTACH A COPY OF THE ORIGINAL REPORT OF INCIDENT(S) AND/OR REASONS FOR SUSPENSION

FACILITY REVIEW

RECOMMENDATION AND/OR COMMENTS:		
_____	_____	_____
Signature	Staff Advisor of Inmate Group	Date

RECOMMENDATION AND/OR COMMENTS:		
_____	_____	_____
Signature	Inmate Organization Coordinator	Date

RECOMMENDATION AND/OR COMMENTS:		
_____	_____	_____
Signature	Deputy Superintendent – Programs	Date

RECOMMENDATION AND/OR COMMENTS:		
_____	_____	_____
Signature	Superintendent	Date

REPORT OF SUSPENSION OF INMATE ORGANIZATION

GROUP NAME	FACILITY	DATE OF SUSPENSION
------------	----------	--------------------

ATTACH A COPY OF THE ORIGINAL REPORT OF INCIDENT(S) AND/OR REASONS FOR SUSPENSION

CENTRAL OFFICE REVIEW

CENTRAL OFFICE DECISION

Signature

Director of Education

Date

FINAL DETERMINATION

APPROVE SUSPENSION

DISAPPROVE SUSPENSION

COMMENTS:

Signature

Deputy Commissioner – Programs

Date