**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: ____________

*Form VII.9.H Disciplinary Appeal  
Effective Date: 4/7/10  
Revised Date: 06/30/12*