



USE ONLY

Institution/Parole Region: PBSP Log #: D12-02003 Category: (3)7

DISALLOWED MAIL

FOR STAFF USE ONLY

You may appeal a Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon you for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations, Title 15, Section (CCR) 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that lead to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): [REDACTED]	CDC Number: [REDACTED]	Unit/Cell Number: [REDACTED]	Assignment:
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State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

Pelican Bay State Prison

JUL 02 2012

Appeals Office

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A):

On June 14th 2012 I received a CDCR 1819 notice pertaining to a Home Letter/Pamphlet M/M Dist. This mail is being disapproved based on the

B. Action requested (If you need more space, use Section B of the CDCR 602-A):

That the Secretary of CDCR & the Inspector General's office be notified of this matter immediately and that an unbiased &

Supporting Documents: Refer to CCR 3084.3.

Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 126-G, Classification Chrono):

CDCR-1819 CDC 126-B

No, I have not attached any supporting documents. Reason:

Inmate/Parolee Signature: [REDACTED] Date Submitted: *JUNE 2012*

By placing my initials in this box, I waive my right to receive an interview.

INMATE APPEALS BRANCH

AUG 14 2012

RECEIVED

JUL 13 2012

C. First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? Yes No

This appeal has been:

- Bypassed at the First Level of Review. Go to Section E.
- Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____
- Cancelled (See attached letter) Date: _____
- Accepted at the First Level of Review.

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: _____ Interview Location: _____

Your appeal issue is: Granted Granted in Part Denied Other

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: _____ (Print Name) Title: _____ Signature: _____ Date completed: _____

Reviewer: _____ (Print Name) Title: _____ Signature: _____

Date received by AC: _____

AC Use Only
Date mailed/delivered to appellant ____ / ____ / ____

BYPASS

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

BYPASS

Inmate/Parolee Signature: _____

Date Submitted: _____

E. Second Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? Yes No

This appeal has been:

- By-passed at Second Level of Review. Go to Section G.
- Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____
- Cancelled (See attached letter)
- Accepted at the Second Level of Review

Assigned to: IEE Title: CCIT Date Assigned: JUL 02 2012 Date Due: AUG 13 2011

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: 7/31/2012 Interview Location: _____

Your appeal issue is: Granted Granted in Part Denied Other: _____

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: Pieren Title: Sgt Signature: _____ Date completed: 7/31/12

Reviewer: C Ducroc Title: ADWA Signature: _____

Date received by AO: AUG 02 2012

AC Use Only
Date mailed/delivered to appellant: AUG 02 2012

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

I am dissatisfied and was denied due process, the fact being that there was no unbiased investigation as claimed by IGI, Sgt. J. Pieren. It's the IGI's office that stopped this mailing, and it's the IGI now claiming to have investigated itself. None of PBSP-SFU which is an

Inmate/Parolee Signature: _____

Date Submitted: Aug 7, 2012

G. Third Level - Staff Use Only

This appeal has been:

- Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____
 - Cancelled (See attached letter) Date: _____
 - Accepted at the Third Level of Review. Your appeal issue is Granted Granted in Part Denied Other: _____
- See attached Third Level response.

Third Level Use Only
Date mailed/delivered to appellant: OCT 03, 2012

Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because; State reason. (If withdrawal is conditional, list conditions.)

Print Staff Name: _____ Inmate/Parolee Signature: _____ Date: _____
Title: _____ Signature: _____ Date: _____