



**PATIENT APPEAL OF
ACCOMMODATION REVIEW COMMITTEE DECISION**

I have been informed on this date of the Accommodation Review Committee (ARC) decision to **NOT** authorize the requested accommodation and that I have the right to appeal the ARC decision that the requested accommodation is **NOT** approved.

I wish to appeal the ARC decision and understand this appeal must be submitted within 10 days from the date of receiving DOC 13-510 Accommodation Review Committee – Decision Notification

NAME	SIGNATURE	DATE
DOC NUMBER	FACILITY	

APPEAL

Keep the yellow copy for your records and deliver the original to the **ADA Coordinator** at your facility or mail it to:

ADA Compliance Manager
Health Services
Department of Corrections
PO Box 41123
Olympia WA 98504-1123

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