

MAINE DEPARTMENT OF CORRECTIONS
RESIDENT APPEAL OF CLASSIFICATION DECISION

Resident Name: _____ MDOC #: _____

TO: Central Office Director of Classification, or designee, IF this is an appeal of a decision about custody level, transfer to another Department facility or minimum security housing unit, or medium custody trustee status

Appeal must be postmarked within fifteen (15) days of the resident receiving the decision.

TO: Chief Administrative Officer (CAO), or designee, IF this is an appeal of a decision about placement in another housing unit in the facility (other than a minimum security housing unit)

Appeal must be received by the CAO, or designee, within fifteen (15) days of the resident receiving the decision.

On _____ (date), the following took place:

- ☐ Initial Classification Review
- ☐ Annual or Semi-Annual Reclassification Review
- ☐ Interim Reclassification Review
- ☐ Decision to deny resident request for lower custody level, medium custody trustee status, or transfer

Note: use only the space provided as any additional narrative will not be read.

I wish to appeal for the following reasons (must describe specific supporting facts):

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Resident's Signature

Date

Receiving Person's Signature
(if appeal to CAO, or designee)

Printed Name and Title

Date _____