MAINE DEPARTMENT OF CORRECTIONS

APPEAL OF A PRIVILEGE LEVEL DECISION

Resident Name: _____ MDOC #: _____

Housing Unit: _____

Current privilege level and length of time on that level: _____

To: Chief Administrative Officer, or designee

On _____, the following took place:
Date

- ☐ Privilege level advancement was denied
- ☐ Privilege level was reduced
- ☐ Other privilege level decision (specify): _____

Appeal must be received by the Chief Administrative Officer, or designee, within fifteen (15) days of resident's receipt of the decision.

I wish to appeal for the following reasons: _____

_____

_____

_____

_____

_____

_____

_____ _____
Signature of Resident Date

_____ _____ _____
Printed Name and Title Receiving Person's Signature Date

☐ Resident filed untimely appeal

Decision is ☐ Affirmed ☐ Reversed ☐ Remanded

_____ _____ _____
Printed Name and Title Signature Date

Decision on appeal (or notation that resident filed untimely appeal) provided to resident

_____ _____
Signature of Resident Date

_____ _____ _____
Printed Name and Title Signature of Staff Date