MAINE DEPARTMENT OF CORRECTIONS

STAFF REQUEST FOR PRIVILEGE LEVEL REDUCTION

All staff requests for privilege level reduction must be forwarded to the Unit Manager, or designee.

Resident Name: _____ MDOC #: _____ Housing Unit: _____

Date of last level decision: _____ Current level: _____

Summary of resident's behavior since last privilege level decision (if known): _____

_____

_____

Summary of case plan compliance since last privilege level decision (if known): _____

_____

_____

Reason for request for privilege level reduction: _____

_____

_____

Is there any documentation in the Department's resident and client records management system to support this request? ☐ NO ☐ YES (if yes, specify): _____

_____

_____ _____ _____

Printed Name of Staff | Signature of Staff | Date

Decision of Unit Manager whether to allow review by Unit Management Team: ☐ Yes ☐ No

If review allowed, decision of Unit Management Team: ☐ **LEVEL REDUCTION APPROVED**

☐ **LEVEL REDUCTION DENIED**

☐ If applicable, decision of Unit Manager to override denial of level reduction by Unit Management Team.

☐ If level reduction is approved by Unit Team or Unit Manager, and reduction is based on a single incident, approval has been given by the Chief Administrative Officer, or designee.

If level reduction is approved, date resident may apply for level advancement: _____

If level reduction is approved, steps resident must take to advance in level: _____

_____

_____

_____

_____

_____ _____ _____

Printed Name of Unit Manager, or designee | Signature of Unit Manager, or designee | Date