

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