

MAINE DEPARTMENT OF CORRECTIONS

APPEAL OF A PRIVILEGE LEVEL DECISION

Prisoner Name: _____ MDOC #: _____ Facility: _____

Current Privilege Level: _____

To: Chief Administrative Officer, or designee

On _____, I received notice that:

- My request for privilege level advancement has been denied
- My privilege level has been reduced

Appeal must be received by the Chief Administrative Officer, or designee, within five (5) working days of prisoner's receipt of the decision.

I wish to appeal for the following reasons: _____

Prisoner's Signature

Date Printed Name of Receiving Person Receiving Person's Signature

DECISION ON APPEAL BY CHIEF ADMINISTRATIVE OFFICER, OR DESIGNEE

- Approve decision: _____
- Disapprove decision: _____
- Remand the decision for further consideration: _____

Date Printed Name of Chief Administrative Officer, or designee Signature of Chief Administrative Officer, or designee

If remanded, Unit Management Team's decision after further consideration:

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