

**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 CORIS to support this request?      NO     YES (if yes, specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Staff

\_\_\_\_\_  
Signature of Staff

**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 by Unit Management Team.

If level reduction approved by Unit Team or Unit Manager, date resident may apply for level advancement:

\_\_\_\_\_

If level reduction approved by Unit Team or Unit Manager, steps resident must take to advance in level:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Unit Manager,  
or designee

\_\_\_\_\_  
Signature of Unit Manager,  
or designee