



**MAINE DEPARTMENT OF CORRECTIONS  
RESIDENT APPEAL OF CLASSIFICATION DECISION**

Resident Name \_\_\_\_\_ MDOC # \_\_\_\_\_

Resident filed untimely appeal

Decision is  Affirmed  Reversed  Modified  Remanded

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

If decision by CAO, or designee:

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

**NOTE: IF THIS IS DECISION BY CHIEF ADMINISTRATIVE OFFICER, OR DESIGNEE, RESIDENT IS TO BE PROVIDED WITH A COPY OF THIS FORM AFTER IT HAS BEEN SIGNED BY THE RESIDENT AND THE STAFF.**