

**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.