

MAINE DEPARTMENT OF CORRECTIONS
RESIDENT APPEAL OF CLASSIFICATION DECISION

Resident Name _____ MDOC # _____

TO: Central Office Director of Classification, or designee, IF this is an appeal of decision about custody level, transfer to another Department facility or minimum security housing unit, or medium custody trustee status

Appeal must be postmarked within fifteen (15) days of the resident receiving the decision.

TO: Chief Administrative Officer, or designee, IF this is an appeal of decision about placement in another housing unit in the facility (other than a minimum security housing unit)

Appeal must be received by the CAO, or designee, within fifteen (15) days of the resident receiving the decision.

On _____, the following took place:
Date

- ☐ Initial Classification Review
- ☐ Annual or Semi-Annual Reclassification Review
- ☐ Interim Reclassification Review
- ☐ Decision to deny resident request for interim reclassification review for lower custody level, medium custody trustee status, or transfer

I wish to appeal for the following reasons: _____

Resident's Signature

Date

Receiving Person's Signature
(if appeal to CAO, or designee)

Date

Printed Name and Title

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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.