

MAINE DEPARTMENT OF CORRECTIONS
APPEAL OF A PRIVILEGE LEVEL DECISION

Resident Name: _____ MDOC #: _____

Housing Unit: _____

Current privilege level and length of time on that level: _____

To: Chief Administrative Officer, or designee

On _____, the following took place:

Date

Privilege level advancement was denied

Privilege level was reduced

Appeal must be received by the Chief Administrative Officer, or designee, within fifteen (15) days of resident's receipt of the decision.

I wish to appeal for the following reasons: _____

Resident's Signature

Date

Receiving Person's Signature

Date

Printed Name and Title

Resident filed untimely appeal

Decision is Affirmed Reversed Modified Remanded

Signature

Date

Printed Name and Title

Signature of Resident

Date

Signature of Staff

Date

Printed Name and Title

NOTE: RESIDENT IS TO BE PROVIDED WITH A COPY OF THIS FORM AFTER IT HAS BEEN SIGNED BY THE RESIDENT AND THE STAFF.