

**MAINE DEPARTMENT OF CORRECTIONS**  
**Notification of Suspension of Access to the Grievance Process**

TO: \_\_\_\_\_  
Name

\_\_\_\_\_  
MDOC #

FROM: Commissioner of Corrections, or designee, or facility Chief Administrative Officer

You are hereby notified that your access to the grievance process has been suspended for ninety days (90) days, starting on \_\_\_\_\_ and ending on \_\_\_\_\_.

This suspension is based on your abuse of the grievance process in that you have:

- filed one or more frivolous grievances
- filed multiple grievances on the same subject
- otherwise created an administrative burden
- knowingly made a false statement in a grievance

Specifically, you have \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

This means that you may not file a grievance during the period of suspension, unless it concerns a violation of a constitutional right.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date