

**TO BE COMPLETED BY
GRIEVANCE REVIEW OFFICER:**

DATE RECEIVED _____

LOG NUMBER _____

**MAINE DEPARTMENT OF CORRECTIONS
PRISONER'S APPEAL OF GRIEVANCE RESPONSE**

TO: GRIEVANCE REVIEW OFFICER

FROM: _____

LOG NUMBER: _____

This appeal must be filed with the Grievance Review Officer within fifteen (15) days of the date of the response. If you are filing this appeal after the expiration of the fifteen (15) day limit because it was not possible for you to file an appeal within the fifteen (15) day limit, explain what prevented filing within the time limit in the space below.

Explanation:

I am appealing the following response:

- LEVEL I – RESPONSE FROM GRIEVANCE REVIEW OFFICER**
- LEVEL II – RESPONSE FROM CHIEF ADMINISTRATIVE OFFICER**

**REASON(S):
(USE ONLY THE SPACE BELOW)**

Signature of Prisoner

Date

Original to Grievance Officer
Prisoner to keep copy

Prisoner - Appeal of Grievance Response
Attachment E

DOC FORM
08/15/2012R
29.1 and 29.2 (AF)