CASE NO.	
CASE NO.	

## DOC HEADQUARTERS APPEAL OF

	ADMINISTRA? (Instructions for con			ek)			
<b>TO</b> (Choose One):	☐ Commissione	r of Correction					
	Executive Dir	Executive Director, Inmate Grievance Office					
Reason for Appeal (Choose One):		<ul><li>☐ Dismissal for Procedural Reasons</li><li>☐ Warden/Managing Official/Designee's Response</li></ul>					
FROM:							
Last Na	me	First Name		Middle Initial	CL Number		
Facility:		Housing Loca	ation:				
	Protective Custody	Administr	ative Segregation	on Discip	linary Segregation		
	Part A – I	REASON FOR	APPEAL				
Date	Signature of Inmate						
	Par	rt B - RESPONS	SE				
	- <del></del>		<b>_</b>				
Date	Signature of Commission	oner					
You may appeal this re	sponse by following the p	rocedure prescri	bed on the back	of this form.			
	Par	rt C – RECEIP					
DETUDN			Case No.				
RETURN TO:							
Last Na Facility:	me	First Name		Middle Initial	CL Number		
I acknowledge receipt	of your complaint dated	_	in regard to:				
<b>C</b> 1							
Date	Headquarters ARP	Coordinator					

DOC Form 185.0002fR (Rev. 9/19)

## <u>Instructions to Inmates for Completing Headquarters Appeal of Administrative Remedy Response</u>

- 1. Use a typewriter or pen with blue or black ink. Enter the case number recorded on the receipt received from the facility coordinator in the blank provided.
- 2. Indicate the type of appeal by checking the To: Commissioner of Correction box and check the type of response received.
- 3. Type or print the specifics of the appeal in the space provided in Part A. Use one form for each appeal. Be sure to include the date of the incident, the names of the people involved, and a description of the incident. Keep the specifics as brief as possible. If you need more space, use the continuation sheet that is in duplicate form.
- 4. Date and sign the appeal in the spaces provided in Part A. You may write "see attached" in Part A and attach a written or typed complaint on the continuation sheet(s).
- 5. Mail: 1) the appeal, 2) one copy of any completed Request for Administrative Remedy you received showing the warden's or facility coordinator's response to your complaint, and 3) a copy of the Receipt for Warden/Managing Official/Designee's Response (if applicable) to:

Commissioner of Correction 6776 Reisterstown Road, Suite 310 Baltimore, Maryland 21215

Appeals must be received within thirty (30) calendar days of the day you received the warden's, managing official, or designee response, or within 30 days of the date the warden, managing official, or designee's response was due.

**Note:** If you are filing an appeal of no response from the warden, managing official, or designee, you should send: 1) the appeal, 2) a copy of your original ARP, and 3) the receipt with the assigned case number. If the warden, managing official, or designee issues a response after you file an appeal of no response, you can either 1) continue with the appeal, 2) continue with the appeal and supplement the appeal with additional information as to why the warden, managing official, or designee's response is inaccurate, or 3) if you are satisfied with the warden's response you may withdraw your appeal using the Withdrawal Form, Appendix G to DOC.185.0002.

- 6. If you need assistance in completing the Headquarters Appeal of Administrative Remedy Response write to your facility administrative remedy coordinator.
- 7. If at any time you wish to withdraw your complaint, please sign and date the Withdrawal Form, Appendix G to DOC.185.0002 and mail it to the Commissioner of Correction, Attention: Headquarters ARP Coordinator (See address above).

## <u>Instructions to Inmates for an Appeal to the Inmate Grievance Office</u>

If you choose to appeal the Commissioner's response, you must do so within 30 days of the date you received the Commissioner's response or within 30 days of the date the Commissioner's response was due. See COMAR 12.07.01.06.B.

- 1. Check the space marked "Executive Director Inmate Grievance Office" only when you are appealing the Commissioner's response to a Headquarters Appeal of Administrative Remedy Response, or the failure to respond. You must enclose 1) one copy of any completed Request for Administrative Remedy and 2) Headquarters Appeal of Administrative Remedy Response you received showing the warden's response to your complaint and the Commissioner's response to your complaint.
- 2. Complete this form by typing or printing the specifics of the appeal in the space provided in Part A. Use one form for each appeal. Be sure to include:
  - a. The name and address of the institution where you are incarcerated;
  - b. The nature of your grievance, including the name(s) of the person(s) you believe are responsible for your grievance;
  - c. The facts or evidence on which your grievance is based, giving dates, times, and the names of any persons, officials, or inmates involved; any applicable case numbers and/ or receipts;
  - d. The names and addresses of any witnesses, lawyer, or representative you would like to be present at your hearing;
  - e. Your signature, and date your request.
- 3. Mail your complaint to:

Executive Director Inmate Grievance Office 6776 Reisterstown Road, Suite 200 Baltimore, MD 21215