

CASE NO. _____

**DOC HEADQUARTERS APPEAL OF
ADMINISTRATIVE REMEDY RESPONSE**

(Instructions for completing this form are on the back)

TO: Commissioner of Correction
(Choose One)
 Executive Director, Inmate Grievance Office

Reason for Appeal: Dismissal for Procedural Reasons
(Choose One):
 Warden/Managing Official/Designee's Response
 No Response from Warden Managing Official/Designee

FROM: _____
Last Name First Name Middle Initial CL Number

Facility: _____ **Housing Location:** _____
 Protective Custody Administrative Segregation Disciplinary Segregation

Part A – REASON FOR APPEAL

Date	Signature of Inmate
Additional writing space available on Appendix N	

Part B - RESPONSE

Date

Signature of Commissioner

You may appeal this response by following the procedure prescribed on the back of this form.

Part C – RECEIPT

Case No. _____

RETURN TO:

Last Name

First Name

Middle Initial

CL Number

Facility: _____

I acknowledge receipt of your complaint dated _____ in regard to:

Date

Headquarters ARP Coordinator

Instructions to Inmates for Completing Headquarters Appeal of Administrative Remedy Response

1. Use a typewriter or pen with black or blue 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).

Instructions to Inmates for an Appeal to the Inmate Grievance Office

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