



Oregon

Kate Brown, Governor

Oregon Department of Corrections Offender Management and Rehabilitation Division

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PROGRAM COMPLETION EXCEPTION REPORT

Date: June 15, 2016

To: Dawnell Meyer, Education, Training, and Treatment Administrator
Offender Management and Rehabilitation Division

From: Correctional Rehabilitation Manager
Select Institution Name

Subject: Program Completion Exception Report
Inmate: Inmate Name
SID#: Inmate's SID

REQUEST:

Inmate Inmate Name participated in the type in name of program for less than 180 days, yet has completed program requirements and demonstrated the necessary behavioral changes to be considered a successful program completer. Below is the reason for the shortened treatment duration and the specific explanation describing the inmate's success in the program.

Reason for Shortened Treatment Duration: click here to enter text

Explanation Describing Inmate's Program Success: click here to enter text

DECISION:

Approved

Denied **Denial Reason:**

Dawnell Meyer, Administrator
Education, Training, & Treatment Unit

Date

xc: Addictions Treatment Services Coordinator