

DIVISION OF JUVENILE JUSTICE SERVICES

Youth Grievance Request

(TO BE COMPLETED BY YOUTH)

Youth's Name:	Date:	Time:
Reason for grievance:		
Persons involved:	Witnesses:	
Youth's Signature:		

(TO BE COMPLETED BY STAFF REPRESENTATIVE)

Staffer's Name:	Date:
Comments/Notes:	
Resolved: Yes No (If No, refer to Director/Designee)	
Director/Designee Review:	
Findings/Results:	
Director/Designee Signature:	Date: