## Department of Juvenile Justice Services Grievance Form

Name:(Please Print	Unit/Dormitory:
(Please Print	·
Date incident occurred:	Date this form was submitted:
Describe the incident: <i>Use this space to explain as clearly involved.</i>	was possible what has occurred, including names of witnesses and staff
Describe how you have attempted to receive the issu	
Describe now you have attempted to resolve the issu	ue:
RESPONSE - To be filled	d out by a Juvenile Probation Supervisor.
Actions taken:	
Is your grievance related to a PREA incident?	Yes \Boxed{\Boxes\No}
Print Name Signature	Date
RESOLUTION – To be filled out by youth on	nce grievance is addressed by Juvenile Probation Supervisor.
I agree with how it was resolved.	☐ I disagree with how it was resolved.
Youth Signature:	Date:
RESPONSE - To be filled	d out by Manager/Assistant Manager
Signed:	Date: