

YOUTH / PARENT FORMAL GRIEVANCE FORM

NAME OF GRIEVANT: \_\_\_\_\_

Date Grievance Occurred: \_\_\_\_\_ Date Grievance Written \_\_\_\_\_

Is this an emergency grievance regarding sexual abuse or child abuse Yes No (circle)

Describe the Grievance: (Include the location and time incident occurred)

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Proposed Solution:

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Youth / Parent Signature \_\_\_\_\_

**Youth Parole Bureau Use Only**

Date Grievance Received \_\_\_\_\_ Grievance Number \_\_\_\_\_

Date of Response to Grievant and Youth Parole Counselor \_\_\_\_\_

Summary of Inquiry and Resolution

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Signature of Unit Manager \_\_\_\_\_

ATTACHMENT B