

## Division of Youth Services – Youth Formal Grievance Form and Notification

As part of the Division of Youth Services resolution process you are encouraged to work directly with the party involved with the complaint/concern as an attempt to resolve it prior to initiating a grievance form. When you have completed this form it shall be submitted to one of the youth center grievance boxes. If you believe the grievance is of a sensitive nature, it can be submitted directly to a Youth Center Administrator. Grievances shall be collected within 48 hours and responded to and/or concluded within 48 hours for emergency grievances and 72 hours for routine grievances once collected; excluding weekend and holidays.

### Youth to complete this area only:

Youth Name (Print): \_\_\_\_\_

The concern occurred what Date \_\_\_\_\_ and at approximately what Time \_\_\_\_\_

Explain the type of Complaint/Concern: \_\_\_\_\_

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Please list any youth and/or staff that might have knowledge about this situation: \_\_\_\_\_

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Describe any action you took to resolve the issue prior to this step: \_\_\_\_\_

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What suggestions do you have that would help resolve this complaint/concern: \_\_\_\_\_

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Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received by/Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Action:  Heard and Completed (continue on back side),

Referred for Completion, To Whom: \_\_\_\_\_

Delayed

Explain reason for a forward and/or delay: \_\_\_\_\_

Youth Notified / Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Division of Youth Services – Youth Grievance Hearing Form

Employee hearing grievance: \_\_\_\_\_ Position: \_\_\_\_\_

Youth name: \_\_\_\_\_ Grievance heard on this Date: \_\_\_\_\_ Time: \_\_\_\_\_

Complaint/concern occurred on Date: \_\_\_\_\_ Time: \_\_\_\_\_

Parties involved: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Additional information obtained from the youth about the complaint/concern:

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Additional information obtained from witnesses / parties involved: \_\_\_\_\_

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Action Taken \_\_\_\_\_

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Youth Signature: \_\_\_\_\_

Is youth appealing decision:  Yes  No

If appealing: Provide a copy of this grievance and your written statement indicating your purpose for appealing within five (5) days:

Date and time Appeal received: \_\_\_\_\_

Employee receiving Appeal: \_\_\_\_\_

This will be reviewed and if necessary, an investigation conducted within 72 hours, or for emergency grievances within 48 hours. You should have a response to your grievance within 72 hours of the conclusion of the review (excluding holidays and weekends).

Was the youth responded to and/or the grievance met within the 72-hour time frame met?  Yes  No

If No, explain: \_\_\_\_\_

Do you want a copy  Yes  No Youth Signature: \_\_\_\_\_ Date \_\_\_\_\_

Staff Hearing the Grievance Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administration Review Signature: \_\_\_\_\_ Date: \_\_\_\_\_