

Youth Grievance Form



COMPLETED BY YOUTH

Youth Name:	Date:	Time:
Reason for grievance:		
Person(s) involved:	Witnesses:	
Youth's Signature:		

COMPLETED BY FACILITY/PROGRAM APD OR DESIGNEE

Staff Name:	Date:
APD/Designee Review Notes	
Resolved: Yes No (If No, refer to Program Director)	Date referred to Program Director
Findings/Resolution:	
Sign below indicating the results have been discussed with the youth:	
Youth Signature	Date:
Youth: <input type="checkbox"/> Agree with resolution <input type="checkbox"/> Disagree with resolution <input type="checkbox"/> Appeal resolution	
Youth Comments	
APD/Designee Signature	Date