

Youth Grievance Form



Department of Health & Human Services Juvenile Justice
Youth Services

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

YOUTH FEEDBACK, IDEAS, AND KUDOS



Department of Health & Human Services Juvenile Justice & Youth Services

We want to hear from you! This page is for your positive feedback, creative ideas, and appreciation. If you want to suggest a change, share an idea, or thank someone for doing a great job, let us know! Your help makes this a better place for everyone.

Youth Name:	Date:	Time:
Suggestions: Please share any suggestions you have for improving our daily routines, facility, programs, or activities		
Ideas: Do you have a new idea for a group activity, a process, a meal, or a project? Let us know here		
Comments: Share any other general thoughts, observations, or positive feedback you would like us to hear		
Kudos and shout-outs!: Did a staff member, peer, or volunteer do something kind, helpful, or outstanding recently? Write their name and what they did so we can celebrate them		