

**DIVISION OF JUVENILE JUSTICE  
SERVICES  
Youth Grievance Request**

**(TO BE COMPLETED BY YOUTH)**

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

**(TO BE COMPLETED BY FACILITY/PROGRAM APD OR DESIGNEE)**

<b>Staff Name:</b>	<b>Date:</b>
<b>Comments/Notes</b>	
<b>Resolved:   Yes   No   (If No, refer to Director/Designee)</b>	
<b>APD/Designee Review:</b>	
<b>Findings/Results:</b>	
<b>APD/Designee Signature:</b>	<b>Date:</b>