Print

JUVENILE ASSESSMENT CENTER
GRIEVANCE FORM

No Retaliation will be taken against you for filing this complaint or proceeding with the grievance procedure.

Date Form Completed: _____

Client Name: _____

Mailing Address: _____

Phone Number: _____
(Best number to reach you)

The questions below are to be answered by the person making the complaint or by a person acting with the knowledge and consent of the person making the complaint.

1. What was the date of the incident? _____
2. Against whom is your complaint made? _____
3. Briefly outline the specific details of the problem and identify when the event(s) occurred. PLEASE BE SPECIFIC Include a statement regarding the outcome desired and how you believe the issue can be resolved.

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_____ _____
Signature of Client Date

_____
Signature of person completing the form (if someone other than the one filing the grievance)