

Youth Grievance

Date: _____

Youth: _____ OID: _____ Living Unit/Room#: _____

Caseworker: _____

Which of your resident rights do you believe has been violated? _____

How have you been harmed? _____

You may include any documentation about your grievance.

Grievance:

Distribution Facility Grievance Coordinator; Youth

Date entered _____

Grievance number _____