

Minnesota Correctional Facility-Red Wing

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:

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Distribution Facility Grievance Coordinator; Youth

Date entered \_\_\_\_\_

Grievance number \_\_\_\_\_