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:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Distribution Facility Grievance Coordinator; Youth

Date entered _____ Grievance number _____