## **Minnesota Correctional Facility-Red Wing**

## **Youth Grievance Appeal**

		Date:		
Youth:	OID:	Living Unit:		
You may include any docume	ntation about your grieva	nce.		
Reason for Appeal:				
	·			
<b>Distribution:</b> Central Office Grieva	nce Appeal Coordinator (Origir	nal), Facility Grievance Coordinator, Yo	uth	
Date Entered Grievance number				