**GRIEVANCE FORM**

You have the right to fill out a grievance form when you feel that you have been mistreated or your rights have been violated. You will not be punished for filing a complaint. Fill out this form and put it in the Grievance Box. You do not have to give it to any staff member. The Grievance Officer will respond to your complaint within 72 hours.

Usted tiene el derecho a someter una querella del joven cuando used sienta que ha sido maltratado o sus derechos han sido violados. Usted no podra ser castigado por someter una querella. Obtenga una forma de querellas de la caja, complete y ponga en la caja de querellas. Usted no tiene que darla a ningun empleado. El Official de Querellas respondera a su querella dentro de 72 horas.

**Youth's Name:**  __________________________________________________________

**Unit/Cottage/Room:**  __________________________________________________

What is the complaint?  ¿Cual es su querella?

How do you want the problem corrected?  ¿Como used quiere que se corrija el problema?

**Youth’s Signature:**  _______________________________________________  **Date:**  ____________________

**GRIEVANCE OFFICER RESPONSE:**

**Grievance Officer Signature:**  ________________________________________________  **Date:**  ____________________  **Time:**  _________

**YOUTH NOTIFICATION:**

**YES**  **NO**  Are you satisfied with the decision?  ¿Esta usted satisfecho con la decision?

**YES**  **NO**  Do you want to appeal the decision?  ¿Usted quiere apelar la decision?

**Youth’s Signature:**  _______________________________________________  **Date:**  ____________________  **Time:**  ________________

**FOR DIRECTOR: (to be completed within 5 days)**

☐ Pending investigation

☐ Uphold the decision of the grievance officer.

☐ Change the decision as follows:

**Director’s Signature:**  _______________________________________________  **Date:**  ____________________  **Time:**  ________________

The Department of Juvenile Justice prohibits discrimination on the basis of race, color, national origin, sex, disability and age in its programs and activities. If you feel like you have been discriminated against, you may file a complaint by sending a letter to: Director of Legal Services, 3408 Covington Hwy., Decatur, GA 30032.

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