YOUTH SERVICES GRIEVANCE FORM

Date Received: _____

Name: _____ JETS Client ID Number: _____

Address: _____

State your problem (who, what, when, where and how)

Problem: _____

_____

Remedy requested (what do you want done to solve the problem):

Remedy requested: _____

_____

Date of Incident/Occurrence: _____ Today's Date: _____

This form must be completed <u>within 90 calendar days</u> of the date of the incident/occurrence and given to the regional manager.

Step One – Regional Manager's Response

(Maximum Time For Processing: 15 working days)

Regional Manager's response to your grievance Step One request: _____

_____

_____

Date: _____ Regional Manager's Signature: _____

Youth received Step One response on: _____ Youth's Signature: _____

If you are not satisfied with this response, you may go to Step Two. The Regional Manager must submit your request to the Deputy Assistant Secretary – CBS <u>within 20 working days</u> after you receive the Step One response.

Request Step Two: _____yes _____no Reason for Step Two request: _____

_____

Step Two – Regional Director's Response

(Maximum Time For Processing: 20 working days)

Date Received: _____

Regional Director's response to Step Two request: _____

_____

_____

_____

Date: _____ Regional Director's Signature: _____

_____

Youth received Step Two response on: _____ Youth's Signature: _____