OKLAHOMA JUVENILE AFFAIRS

GRIEVANCE NUMBER: _____

Statement of Informal Grievance and Resolution

CHECK THE ISSUES THAT BEST DESCRIBE YOUR COMPLAINT

☐ Access to Attorneys or Courts	☐ Clothing, Bedding, Shoes (Matrix)	☐ Education
☐ Communication (phone, zoom, mail)	☐ Crisis Management (Use of Force)	☐ Food
☐ Grievances	☐ Hygiene Items/Personal Grooming	☐ Isolation
☐ JJS/JSU	☐ Living Quarters (Room, Shower, Pod)	☐ Medical or Denta
☐ Mental Health	☐ Peer Interaction/conflict	☐ Personal Belongings
☐ Pest Control	☐ Physical Plant (Water, Light, Temperature)	☐ Programming
☐ Physical or Verbal Abuse By Staff	☐ Physical or Verbal Abuse by Youth	☐ Policies
☐ Quality of Life	☐ Recreation	☐ Religion
☐ Sanctions/Loss of Privileges/Restrictions	☐ Sexual Abuse or Harassment (PREA)	☐ Safety and Security
☐ Staff Conflict	☐ Recreation	☐ Rules
☐ Transportation	☐ Treatment Plan	☐ Visitation
☐ Work Detail	☐Other _____	

Do you need staff assistance? ☐Yes ☐No Staff Representative (if applicable): _____

1. Youth/Complainant

First Name:	Last Name:	Unit and Room Location:

2. If the complainant is completing grievance on behalf of the youth, provide the following:

Address:	Email:	Phone Number:
City:	State:	Zip Code:

3. Date of Incident/Occurrence: _____ **4. Time of Incident/Occurrence:** _____

5. List of Involved Youth/Witnesses (ie. Other Youth, Staff, Visitors, Family Members, etc.)

_____

_____

6. Have you been in contact with anyone else regarding this complaint? ☐Yes ☐No If YES, Who?

_____

7. Provide a brief description of the incident/occurrence (ie. Who, What, When, Where, How, Why).

_____

_____

_____

OKLAHOMA
JUVENILE AFFAIRS

_____
_____
_____
_____
_____
_____
_____
_____
_____

8. **What outcome would you like to come from this complaint?** _____
_____
_____
_____

Date Received: _____ Received by: _____
Grievance Assigned to: _____ Grievance Due by: _____

Proposed Resolution/Findings: _____
_____
_____
_____

Do you want to accept the resolution? ☐Yes ☐No Do you want to appeal? ☐Yes ☐No

Date & Time Resolution/Findings Served: _____
Complainant/Youth Signature: _____
Staff Representative Signature:_____

Appeal Process: Date Assigned: _____ Date Due: _____ Assigned to: _____

Proposed Resolution/Findings: _____
_____
_____
_____

Do you want to accept the resolution? ☐Yes ☐No Do you want to appeal? ☐Yes ☐No
Date & Time Resolution/Findings Served: _____
Complainant/Youth Signature: _____
Staff Representative Signature:_____