

GRIEVANCE FORM

This form may be submitted by mail, email, or fax to:
Division of Juvenile Justice, PO Box 110635, Juneau, AK 99811-0635
fcs.djj@alaska.gov | Fax: 907-465-2333 | Phone: 907-465-2212



AK | DFCS
ALASKA DEPARTMENT OF
FAMILY AND COMMUNITY
SERVICES

This is the designated form through which an individual may seek formal review of an action or inaction of the Division of Juvenile Justice under [7 AAC 54.245-250](#). This written statement is to be completed by the aggrieved individual and will be submitted to the supervisor of the person whose actions are being grieved.

Today's Date: _____ Date Incident Occurred
or Concern Originated: _____

Printed Name of Person Filing Grievance: _____

Signature: _____

Please name all the persons involved in the situation:

Name	Position or Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Grievance Statement (use additional pages as necessary):

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FOR DIVISION USE ONLY

Received By: _____ Date Received: _____

Grievance Sent to: _____ Date Sent: _____ Incident Tracker #: _____