

Alaska Department of Family and Community Services
Division of Juvenile Justice
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GRIEVANCE

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 Filling Grievance: _____

Signature: _____

Please name all the persons involved in the situation:

Name

Position or Relationship

Phone Number

Grievance Statement (use additional pages as necessary):

Once complete, please return your form (and any attachments) via regular mail, electronic mail, or fax, via the addresses and number at the top of this form.

FOR DIVISION USE ONLY

Date received:

Received by:

Grievance sent to:

Date sent:

Incident
Tracker #