



Bernalillo County Youth Services Center

Complaint/ Grievance and Appeal Notification Form

1. Resident Name: _____ 2. Date complaint/grievance is being reported: ____/____/____

3. Resident location: Unit A Unit B Unit C Unit D Unit E Unit F Intake
- Community Custody Program
- Youth Reporting Center
- Girls Reporting Center

4. Authorizing Official received complaint/ grievance: Date ____/____/____

5. How was the complaint/ grievance received? U. S. Mail E-Mail Hand Delivered Verbally Other: _____

- A youth reported the grievance orally and the following person wrote it down for them (check which party below):
- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> BCYSC Staff | <input type="checkbox"/> Family Member/Guardian | <input type="checkbox"/> Volunteer/Contractor |
| <input type="checkbox"/> JPO Staff | <input type="checkbox"/> Attorney | <input type="checkbox"/> Other (enter text) _____ |

Name of person filing complaint/ grievance (optional): _____

6. I would like help from another person (staff) in filling out the grievance form. Yes No

7. What issues are involved in the grievance? (check all that apply)

<input type="checkbox"/> Clothing	<input type="checkbox"/> Sexual Misconduct	<input type="checkbox"/> Inappropriate Staff Conduct	<input type="checkbox"/> Programming
<input type="checkbox"/> Food	<input type="checkbox"/> Sanitation	<input type="checkbox"/> Inappropriate Youth Conduct	<input type="checkbox"/> Safety
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Medical Services	<input type="checkbox"/> Dental Services	<input type="checkbox"/> Family Contact (phone, letters, visitation, etc.)
<input type="checkbox"/> Retaliation (when you feel you have been retaliated against)	<input type="checkbox"/> Other (please print): _____		<input type="checkbox"/> Bullying

8. Describe the complaint/ grievance and requested resolution (attach additional information if needed).

9. Time and date of initial contact with youth: ____:____ am pm ____/____/____

**Bernalillo County Youth Services Center
Complaint/ Grievance Appeal Notification Form**

Program Manager has investigated your complaint and has decided to:

Take the following action: _____

Deny your complaint/ grievance because: _____

Authorizing Official Name (print) _____

Signature: _____ Date: _____

Someone has explained the decision to me and:

I am happy with the outcome and do not want to appeal. I am NOT happy with the outcome and want to appeal because: _____

Resident Signature: _____ Date: _____

ADO/ADA review: _____ Date: _____

Step 1 appeal:

The Assistant Director of Operations (ADO) or Assistant Director of Administrative Services (ADA) has investigated your complaint and has decided to:

Disagree with first decision and take the following action: _____

Agrees with the first decision and shall take no further action.

ADO/ ADA signature: _____ Date: _____

Someone has explained the decision to me and:

I am happy with the outcome and do not want to appeal. I am NOT happy with the outcome and want to appeal because: _____

Resident Signature: _____ Date: _____

Step 2 appeal:

The Director has investigated your complaint and has decided to:

Disagree with first decision and take the following action: _____

Agrees with the first decision and shall take no further action.

Director signature: _____ Date: _____

Someone has explained the decision to me and I understand that this is the final decision.

Resident Signature: _____ Date: _____

Date reviewed: 12152015 Date revised: 12152015