

HENNEPIN COUNTY JUVENILE DETENTION CENTER RESIDENT/PARENT GRIEVANCE PROCEDURE

(Copy on yellow paper)

RESIDENT/PARENT SECTION	Grievant's Name (Print): _____ Mod: _____	
	What are you grieving? (Complete on other side if needed.)	
	What do you want to change?	
Grievant's Signature: _____ Date: _____		
STAFF SECTION	Staff Name (Print) _____ Date _____	
	Staff Response (Complete on other side if needed.):	
Staff Signature: _____ Date: _____		
Grievant: Do you accept the staff response? _____ Yes _____ No Initial: _____		
SUPERVISOR SECTION	SUPERVISOR: If Yes, forward to Corrections Institutional Supervisor (CIS). If No, meet with staff (if available) and resident	
	Did resident accept response after meeting? _____ Yes _____ No	
	Comments:	
	Supervisor Signature: _____	
Forward to CIS. If further review is required, forward to Superintendent or Designee.		
CIS Signature: _____ Date: _____		

