



**JUNEAU COUNTY DEPARTMENT OF HUMAN SERVICES
GRIEVANCE FORM**

Name: _____

Address: _____
Street City State ZIP Code

Phone Number: _____

Grievance Summary. Be sure to include what specific right(s) you believe have been violated, pertinent details, dates, times, places, and all parties involved.

What type of solution do you wish to have?

(check one) I have / have not had an informal discussion with the person(s) involved.

Signature

Date

Grievance Officer: Date Received: _____ / Initials: _____