

**WILLIAMSON COUNTY JUVENILE SERVICES**  
**Juvenile, Parent, Community Grievance Report**

If you have a grievance, or feel that your child's case has been handled improperly, please complete the following steps:

Please answer each of six (6) following sections:

**1. General Information:**

Your Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Other Phone # where you can be reached: \_\_\_\_\_

Does this grievance concern your child?     YES /  NO

- If YES, what is your child's name: \_\_\_\_\_

**2. Who** (*department employee(s)*) have you already spoken to in an effort to resolve this grievance / problem / concern ?

\_\_\_\_\_

\_\_\_\_\_

**3. When** (date & time) did you meet or speak with this person(s)?

\_\_\_\_\_

**4. What** is your grievance / problem / concern?

\_\_\_\_\_

\_\_\_\_\_

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