

**GOLIAD COUNTY JUVENILE PROBATION DEPARTMENT**  
**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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\_\_\_\_\_

\_\_\_\_\_

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**4. What** is your grievance / problem / concern?- *(continued)*

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**(Use additional sheets of paper if required)**

**5. What** do you think should be done about your grievance / problem / concern?

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**(Use additional sheets of paper if required)**

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5. **What** do you think should be done about your grievance / problem / concern? (*continued*)

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\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Today's Date

**NOTE:** The Chief Juvenile Probation Officer will be in contact with you no later than 10 working days from the date they receive this report to inform you of what steps or actions have been taken to correct your grievance / problem / concern.

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