

**Georgia Division of Family and Children Services
Youth Rights Grievance Form**

Youth Name:

County: Region:

Youth Email:

Youth Contact Number:

Youth Placement:

DFCS Case Manager:

Date Submitted:

ILP Specialist:

STEP ONE Grievance

STEP TWO Grievance

What right do you feel has been violated? Please explain what happened.

What have you done to resolve this situation/concern prior to filing a STEP ONE of Youth Rights Grievance (INFORMALS)?

What happened with the outcome during STEP ONE of Youth Rights Grievance process that requires a STEP TWO

How would you like this situation/concern to be resolved?

Please provide contact information for any person who was involved including youth advocate.

Name

Phone Number

Relationship (to youth)

Date Received: _____

Signature of Person who received the grievance:  _____

YR Grievance: Submit completed grievance form to askilp@dhs.ga.gov