



## **GRIEVANCE / COMPLAINT FORM**

*You may hand this form to any DCJ staff. It can also be found and electronically submitted via the DCJ website - <https://multco.us/departments/departments-community-justice>.*

*If you have not received a response within 5 business days, you may call a DCJ office and ask to speak to a supervisor. Adult Services - (503) 988-3747 or Juvenile Services - (503) 988-3460)*

**Today's Date:** \_\_\_\_\_

**Person Submitting Form:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please tell us your concern/issue. Include date/time/place/people involved.**

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**What have you tried in order to address the problem?**

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**How can the problem be resolved?**

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**Complainant Signature:** \_\_\_\_\_

<b>THIS SECTION TO BE COMPLETED BY DCJ STAFF</b>	
<b>Date Received:</b> _____ <b>Reviewed by:</b> _____	
<b>Resolution:</b> _____ _____	
If the above resolution is appealed, identify the senior manager who responded: _____	
Attach additional summary notes of actions taken.	
<b>Date complainant notified of resolution:</b> _____ <b>By</b> <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Other	
<input type="checkbox"/> <b>Copy to complainant</b>	<input type="checkbox"/> <b>Copy kept in unit manager's files</b>