



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/department-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.

What have you tried in order to address the problem?

How can the problem be resolved?

Complainant Signature: _____

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