



MONTANA JUVENILE PAROLE YOUTH GRIEVANCE FORM

MAIL TO:
Youth Community Corrections
Bureau Chief
PO Box 201301
Helena MT 59620-1301

Name: _____ Date of Incident: _____

Street/mailling address: _____

City, State, Zip _____

Juvenile Parole Officer: _____

Description of Problem:

What action/remedy are you seeking?

What have you done to informally resolve this situation?

Name and telephone number(s) of witness(es) that were involved in or personally witnessed this incident:

Youth's Signature

Date



Response:

YCC Bureau Chief's Signature

Date

() I am satisfied with the response of the Youth Community Corrections Bureau Chief.

() I wish to appeal the response to the Division Administrator for the following reasons:

Youth's Signature

Date

Division Administrator's Response:

Division Administrator's Signature

Date

Youth Corrections
PO Box 201301
Helena, MT 59620-1301