

**MDHS/DYS Oakley Youth Development Center  
GRIEVANCE FORM XV.2.A**

Youth Name: \_\_\_\_\_ Housing Unit: \_\_\_\_\_ Control #: \_\_\_\_\_

You may fill out a Grievance Form for any complaint such as:  
You feel that you are not being treated fairly  
You feel you are being (or feeling) threatened  
You have been mistreated or your rights have been violated

You will not be punished for filing a complaint.  
Complete this form, place it in a sealed envelope marked GRIEVANCE, and place the envelope in the locked box.

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**Youth Signature**

**Date**

**Resolution/ Decision**

**Findings:**       **Substantiated**       **Unsubstantiated**

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G.O. Signature

Date

**I**  **Agree**  **Disagree** with the resolution/decision. I was afforded a copy of the resolution/decision and it has been explained to me.

**I**  **Would**  **Would Not** like to file an appeal. The appeal process has been explained to me.

**Youth Signature:**

**Date:**