

MDHS/DYS Oakley Youth Development Center
GRIEVANCE APPEAL FORM XV.2.C

Youth Name: _____ Housing Unit: _____ Control #: _____

I have been advised of my right to appeal the decision/resolution of my grievance. I want to appeal the decision/resolution. I want the Facility Administrator to review my grievance and make the final decision/resolution.

Youth Signature

Date

Decision/ Resolution

Findings: Upheld Reversed Modified

Facility Administrator's Signature

Date

Youth Signature

Date