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December 1, 2019	Policy 42 Graduated Responses	Attachment A
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MYCIDS UCID NUMBER: _____ LOCAL CAUSE NUMBER: _____

VIOLATION COMPLAINT QUESTIONNAIRE

NAME OF COMPLAINANT: _____

ADDRESS: _____

PHONE: _____

COMPLAINANTS RELATIONSHIP TO YOUTH: _____

PLEASE ANSWER THE QUESTIONS BELOW TO THE BEST OF YOUR KNOWLEDGE:

1. NAME OF YOUTH: _____

2. YOUTH'S FULL ADDRESS INCLUDING CITY AND ZIP CODE:

3. YOUTH'S PHONE NUMBER: _____
 HOME _____
 MOTHER'S CELL _____
 FATHER'S CELL _____
 LEGAL GUARDIAN'S CELL _____

4. YOUTH'S PARENT/ LEGAL GUARDIAN NAMES:

5. REASON(S) FOR COMPLAINT:

6. DATE VIOLATION/ OFFENSE OCCURRED: _____

7. LOCATION OF VIOLATION/OFFENSE: _____

8. FREQUENCY OF VIOLATION (S): _____

9. WAS THERE INJURY TO ANYONE? YES ___ or NO ___ (Please check one)
 a. WAS THERE ANY PROPERTY DAMAGE? YES ___ or NO ___ (Please check one)
 b. IF SO, AMOUNT OF RESTITUTION REQUESTED _____

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10. DID THE VIOLATION IMPACT THE COMMUNITY? YES ____ or NO ____
(Please check one) IF SO PLEASE EXPLAIN HOW?

11. IS THE YOUTH IN COMPLIANCE WITH CONDITIONS? YES ___ OR NO ___ (PLEASE CHECK ONE)
IF NO. PLEASE EXPLAIN: _____

12. HAVE YOU HAD CONTACT WITH THE ABOVE NAMED YOUTH AND/ OR PARENTS SINCE THE
OFFENSE/VIOLATION? YES ____ or NO ____ (Please check one)
If so, did they cooperate with you? _____

13. DO YOU HAVE ANY SUGGESTIONS OR IDEAS FOR THE COURT ABOUT WHAT YOU BELIEVE
WOULD BE THE BEST DECISION TO MAKE FOR THIS YOUTH? YES ____ NO ____ (Please check one)
IF YES, WHAT ARE YOUR SUGGESTIONS:

- a. _____
- b. _____
- c. _____

14. I HAVE READ THE ABOVE COMPLAINT, ANSWERED ALL THE QUESTIONS TRUTHFULLY TO
THE BEST OF MY ABILITY.

_____ SIGNATURE OF COMPLAINANT

_____ WITNESS SIGNATURE

_____ DATE OF COMPLAINT