

Youth Impact Grievance Form

This Form is to be used to file a formal parent/guardian grievance. Before doing so, please recall or reach out for a copy of our Youth Impact Grievance Policy that was also attached and signed within your child's application. Please make sure you fill out each section thoroughly, as it will be the source document for the grievance process and issues at hand. Additional information may be requested as necessary throughout the grievance process.

Name of Participant: _____

Name of Applicant filling out form: _____

Relationship to participant: _____

Basis of Complaint: Harassment Unfair Action/ Violation of Rights Discrimination
 Health/ Safety Compromised Poor Ethical Behavior by Employees or Management
 Dispute Between Parents and Youth Impact Staff

1. What was the date of occurrence, and what specific behavior, condition, action, or procedure occurred that you believe falls within the basis of a formal complaint?

2. How have you or your child been adversely affected by this occurrence?

3. What specific remedy do you request because of the occurrence?

Signature: _____

Date Filed: _____