

**Georgia Division of Family and Children Services  
Youth Rights Grievance Form**

Youth Name:  
Youth Email:  
Youth Placement:

County:            Region:  
Youth Contact Number:  
DFCS Case Manager:

STEP ONE Grievance

STEP TWO Grievance

What right do you feel has been violated? Please explain what happened.

What have you done to resolve this situation/concern prior to filing a STEP ONE of Youth Rights Grievance ?

How would you like this situation/concern to be resolved?

Please provide contact information for any person who was involved including youth advocate.

Name	Phone Number	Relationship (to youth)
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Date Submitted: