



# OREGON YOUTH AUTHORITY YOUTH GRIEVANCE FILING FORM

State of Oregon  
OREGON YOUTH AUTHORITY

Grievance Tracking #

OYA Facility Name, OYA Camp Name, or Field Office Location: \_\_\_\_\_

## INSTRUCTIONS

Use this form to ask OYA to review an action or decision about you that you feel was unjust or against policy/rules.

Fill out the information below. If you need more space to describe what happened, you may include more pieces of paper. List one issue per grievance form.

Staff must allow you to submit a grievance. They cannot interfere with this process. They must give you a copy of it.

FILE GRIEVANCE	SECOND REVIEW	APPEAL
Submit this form. (Drop it in a grievance box or give it to staff)	If you are not satisfied with the first review, submit for a second review within 10 days.	If you are not satisfied with the second review, submit an appeal to the OYA Director's Office within 10 days.

Today's Date \_\_\_\_\_ Youth JJIS # \_\_\_\_\_

\_\_\_\_\_  
Youth First and Last Name

\_\_\_\_\_  
Unit / Location

Is this an urgent safety, security, or health issue (emergency grievance)?

☐ Yes ☐ No ☐ Not sure

Are you concerned for your safety or worried you might be retaliated against for filling out this form?

☐ Yes ☐ No ☐ Not sure

Describe what happened. Include the date and time, if you know. Use a separate form for each issue you have. If you have any witnesses or materials/proof, please describe them here.

How have you already tried to resolve this issue (for example, talked to staff; submitted a communication form)?

What do you think is a reasonable solution?

- If you are in a youth correctional facility or camp, sign and place the form in a locked drop box, or you may give it directly to staff if it is a health, safety, or security issue. You may also ask staff to copy this form before you submit it.
- If you are on parole or probation, sign and submit the form to the field supervisor.

Youth's Signature \_\_\_\_\_ Date \_\_\_\_\_  
*You will get a response within 7 business days after the local Grievance Coordinator receives this form.*

▼ FOR OYA USE ONLY ▼	
Local Grievance Coordinator's Signature	Date Received
Medical/healthcare issues in facilities must initially be assigned to Health Services staff.	
Name of Staff Assigned	Date Response due to Youth
(7 business days from date grievance coordinator received)	