## ATASCOSA COUNTY JUVENILE JUSTICE CENTER PARENT/COMMUNITY GRIEVANCE FORM §115.352(e)(4)

Your Name:	Date:
Your Name: Please Print	
Contact Phone #:	
Does this grievance concern your child? ☐ YES ☐ NO	
State your grievance in detail. Please include date, time, & place	:
(Use additional sheets of paper it	f necessary)
Who (department employee(s)) did you notify in an effort to resolution (a)	lve this grievance? Please state the date(s)
and time(s) you spoke with this person.	
What do you think should be done to resolve this grievance?	
(Use additional sheets of paper if	f necessary)

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Please submit this form by mail, email, or in	person to:
☐ Bill Gamez, Chief Juvenile Probation Officer	email: bgamez@atascosajuv.com
☐ Kody Zuniga, Detention Superintendent	email: kzuniga@atascosajuv.com
Atascosa County Juvenile Justice Center 1511 Zanderson Jourdanton, Tx 78026 Phone: (830) 769-3222 Fax: (830) 769-2994	
The above Administrator(s) will contact you no la grievance to inform you of the steps or action(s)	ater than ten (10) working days from the date they receive this taken to resolve this issue.
I, the undersigned, acknowledge that the facts s that I will be held accountable for any false state	tated in this grievance are true and correct. I fully understand ement.
Your Signature	 Date