Your Name: ____________________________________________                Date: _________________

Please Print

Contact Phone #: _____________________

Does this grievance concern your child?  □ YES  □ NO

State your grievance in detail. Please include date, time, & place:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
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________________________________________________________________________________________

(Use additional sheets of paper if necessary)

Who (department employee(s)) did you notify in an effort to resolve 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 necessary)
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 later than ten (10) working days from the date they receive this grievance to inform you of the steps or action(s) taken to resolve this issue.

I, the undersigned, acknowledge that the facts stated in this grievance are true and correct. I fully understand that I will be held accountable for any false statement.

____________________________________________   __________________
Your Signature                       Date