WILLIAMSON COUNTY JUVENILE SERVICES Juvenile, Parent, Community Grievance Report

If you have a grievance, complaint, or concern about the services provided, or feel that your child's case has been handled improperly, and you have tried, unsuccessfully, to resolve it informally by talking with a Juvenile Services staff member, please answer the following:

1.	General Information:
	Your Name:
	Home Phone #: Work Phone #:
	Other Phone # where you can be reached:
	Does this grievance concern your child? YES / NO
	If YES, what is your child's name:
2.	Who (department employee(s) have you already spoken to in an effort to resolve this grievance / problem / concern ?
3.	When (date & time) did you meet or speak with this person(s)?
4.	What is your grievance / problem / concern?

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What	t is your grievance	e / problem / concer	n? – (continued)		
			(IIse	additional sheets	of naner if requ
		uld be done about y	grievarioe / p	5105101117 0011001	

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6. Which Division Direc	t or was this report given to? (Please mark o	one)
6. Which Division Direct ☐ Matt Smith	t or was this report given to? (Please mark o	,
	, ,	(512) 943-328
Matt Smith	Mental Health Services concerns	(512) 943-328 (512) 943-320
	Mental Health Services concerns Court & Field Services concerns	(512) 943-328 (512) 943-320 (512) 943-328
	Mental Health Services concerns Court & Field Services concerns Juvenile Detention concerns	(512) 943-328 (512) 943-320 (512) 943-328 (512) 943-194
 Matt Smith Samara Henderson Kurt Hundl Michael Pena	Mental Health Services concerns Court & Field Services concerns Juvenile Detention concerns TRIAD / TRINITY concerns	one) (512) 943-328 (512) 943-320 (512) 943-328 (512) 943-194 (512) 943-327 (512) 943-320

NOTE: The above staff person will be in contact with you no later than 10 working days from the date they receive this report to inform you of what steps or actions have been taken to correct your grievance / problem / concern.