WILLIAMSON COUNTY JUVENILE SERVICES Juvenile, Parent, Community Grievance Report

If you have a grievance, or feel that your child's case has been handled improperly, please complete the following steps:

Please answer each of six (6) following sections:

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:
Who (department employee(s) have you already spoken to in an effort to resolve this grievance / problem / concern ?
When (date & time) did you meet or speak with this person(s)?
What is your grievance / problem / concern?

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What	is your grievance / problem / concern? - (continued)	
	(Use additional sheets of paper if	regu
What	do you think should be done about your grievance / problem / concern?	

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What do you think should I	be done about your grievance / problem / co	ncern? <i>(continued)</i>
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6. Which Division Direc	tor was this report given to? (Please mark o	one)
☐ Matt Smith	Mental Health Services concerns	(512) 943-328
☐ Brooke Hall	Field Services concerns	(512) 943-322
Rebekah Castillo	Court Services concerns	(512) 943 - 322
☐ Michael Peña	Juvenile Detention concerns	(512) 943-194
Ryan McDowell	CORE concerns	(512) 943-327
Ryan McDowell	J.J.A.E.P. concerns	(512) 943-327
☐ John Pelczar	Financial / Business Office concerns	
Your S	Today's Date	

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.