

GRIEVANCE PROCEDURES AND FORMS

It is the policy of the Fourth Judicial District Community Corrections to provide an opportunity for offenders to seek resolutions to their problems and complaints against any employee, intern or volunteer of this organization. A grievance may be filed by any offender or parent/guardian (if offender is a minor child) who believes that as a result of some action or inaction by any employee, intern or volunteer, they are being or have been discriminated against, unjustifiably treated, sexually harassed and/or subject to any form of undue harassment, which might adversely affect their ability to successfully complete their conditions of probation. A copy of the grievance form is outlined below: When completing the form, please be as detailed as possible. Exact dates, times, locations, witness names and events are very important. Use multiple pages if needed. Copies and assistance in completing this form will be provided upon request. All grievances should be forwarded to the staff member's immediate supervisor, which are detailed below:

Grievance Against:

Supervisor:

ISO, Supervising Officer
Intern, Volunteer

Keith Clark, Director
1418 South Main Street, Suite 3
Ottawa, KS 66067

Director

Lisa Johnson, County Administrator
1428 South Main Street, Suite 2
Ottawa, KS 66067

**Fourth Judicial District Community Corrections
Offender Grievance Form**

It is the policy of the Fourth Judicial District Community Corrections to provide an opportunity for offender's to seek resolutions to their problems and complaints against any employee, intern or volunteer of this organization. A grievance may be filed by any offender or parent/guardian (if offender is a minor child) who believes that as a result of some action or inaction by any employee, intern or volunteer, they are or have been discriminated against, unjustifiably treated, sexually harassed and/or subject to any form of undue harassment, which might adversely affect their ability to successfully complete their conditions of probation.

Offender's Name: _____ Date: _____

Parent's / Guardian's Name: _____

Address: _____

City / State / Zip: _____ Phone: _____

Name of person(s) whom you are filing this grievance against:

Name of any witnesses who observed or have substantial knowledge concerning this grievance:

Name Witness #1: _____

Address: _____

City / State / Zip: _____ Phone: _____

Name Witness #2: _____

Address: _____

City / State / Zip: _____ Phone: _____

Name Witness #3: _____

Address: _____

City / State / Zip: _____ Phone: _____

