

**Georgia Division of Family and Children Services  
Youth Rights Grievance Form**

Youth Name:

County:

Region:

Youth Email:

Youth Contact Number:

Youth Placement:

DFCS Case Manager:

☐ STEP ONE Grievance

☐ STEP TWO Grievance

What right do you feel has been violated? Please explain what happened.

What have you done to resolve this situation/concern prior to filing a STEP ONE of Youth Rights Grievance (INFORMALS)?

How would you like this situation/concern to be resolved?

Please provide contact information for any person who was involved including youth advocate.

Name

Phone Number

Relationship (to youth)

Date Submitted: