EL PASO COUNTY JUVENILE PROBATION DEPARTMENT 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 five (5) following sections:

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:			
	_		
3. When (date & time) did you meet or speak with this person(s)?			
	_		
	_		

4. What is your grievance/ problem / concern?
(Use additional sheets of paper if required)
5. What do you think should be done about your grievance / problem / concern?
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(Use additional sheets of paper if required)

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Please sign your name	 Date		
Please print your name	Date		
Please submit form by mail, fax or in person El Paso County Juvenile Probation Departm 6400 Delta Dr. El Paso, Texas. 79905 (915) 849-2500 Fax (915) 849-2577			
NOTE : The above Director / Supervisor 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.			
You can mail or fax this report to the atten Marc Marquez, Deputy Chief Juvenile Louis John Castillo, Facility Administrator Michael Tillman Facility Administrator Janel Morgan, Probation Services Linda Garcia, Director of Intake Serv	e Probation Officer rator for Detention/Medical r for the Challenge Academy		