

ARIZONA DEPARTMENT OF CHILD SAFETY
**INDEPENDENT LIVING PROGRAM/TRANSITIONAL INDEPENDENT LIVING PROGRAM
 YOUTH/YOUNG ADULT GRIEVANCE**

By completing and mailing this grievance to DCS, Site Code C010-22, P.O. Box 6030, Phoenix, AZ 85005-6030, you have taken the first step of the formal grievance process. You will be contacted within seven (7) working days of the date your grievance is received by the agency to discuss your concerns. You will also be mailed a Grievance Response Letter within three (3) working days after this meeting that explains the Department's decision.

NAME OF YOUTH/YOUNG ADULT <i>(Last, First, M.I.)</i>	HOME NUMBER:	CELL NUMBER:	WORK NUMBER:
--	--------------	--------------	--------------

ADDRESS *(Where you want the Department's written response to be mailed)*

CITY:	STATE:	ZIP:
-------	--------	------

Describe your grievance below: (You may use the back side of this page if you need more space.)

What do you suggest be done to correct this problem?

Enter the following information if known:

CASE NAME:	CHILD SAFETY SPECIALIST'S NAME:
------------	---------------------------------

Mail this grievance to: Department of Child Safety, Site Code C010-22, P.O. Box 6030, Phoenix, AZ 85005-6030

The information contained in this grievance is true to the best of my knowledge.

Print Full Name of Person Initiating Grievance	Signature of Person Initiating Grievance	Date
--	--	------

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for Department services is available upon request. • Ayuda gratuita con traducciones relacionadas con los servicios del DCS está disponible a solicitud del cliente.