<table>
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<th><strong>ImmediatelnterventionProgramStandards</strong></th>
<th><strong>CHAPTER:</strong></th>
<th><strong>STANDARD NO.</strong></th>
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<td>Kansas Department of Corrections- Division of Juvenile Services State of Kansas</td>
<td>ADMINISTRATION</td>
<td>IIP-01-112</td>
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<td><strong>SUBJECT:</strong></td>
<td><strong>GRIEVANCES</strong></td>
<td><strong>PAGE:</strong> 1 of 1</td>
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**STANDARD:** Written policy, procedure and practice shall require Immediate Intervention Programs (IIP’s) to adhere to the Board of County Commissioners written grievance policy. If a local policy does not exist a written policy shall be developed by the IIP. The policy shall be made available to all youth, their parents, guardians/custodians, or their representatives.

The IIP Grievance Form (Attachment A) shall be used to document grievances.

**DISCUSSION:** None.

**ATTACHMENTS:**
Attachment A: Immediate Intervention Program Grievance Form
Immediate Intervention Program
Grievance Form

Name of person filing grievance: ___________________________________________ Date: ____________
Name of youth: __________________________________ Phone number of grievant: ____________
Address of grievant: _______________________________________________________

Received by (Name and Title): ______________________________________________

Nature of Grievance:  ____ Staff  Name of Staff: _____________________________
       ____ Services
       ____ Other

Written Grievance: _________________________________________________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

If this space is insufficient, please attach additional page(s) as necessary.

__________________________________________
Signature of Grievant