



<p align="center"><b>For Director Use Only</b></p> <p><b>Date Received:</b></p> <p><b>Date Complainant Contacted:</b></p>
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**ALAMEDA COUNTY PROBATION DEPARTMENT NON-CRIMINAL PROGRAM  
COMPLAINT AND GRIEVANCE FORM**

It is the City of Union City’s Youth and Family Services (YFS) policy that if/when an individual has a complaint about YFS programming, services or staff, and the complaint cannot be satisfactorily resolved at the program site with the program staff, the complaint will be made in writing using this form. This form is to be completed if you wish to file a grievance or complaint, and submitted to the City of Union City at 34009 Alvarado-Niles Road, Union City, California 94587, to the attention of Corina Hahn, Program Director.

**COMPLAINT FORM**

Please complete the following and detail the nature of your complaint. If appropriate, please include the date, time, location of the event(s), and name(s) of the Union City staff involved. If more space is needed, please attach a plain or lined sheet with the additional information also including your signature and the date the form was completed. Any grievance filed will remain confidential and private, only to be shared with YFS staff involved directly in the resolution process or as required by law. You may also ask someone else who is acting with your knowledge and consent to write or express the grievance. You may file this report anonymously, without your name, however it may make it more difficult for YFS to address the matter.

<b>Full Name:</b>
<b>Phone Number:</b>
<b>Mailing Address:</b>
<b>Signature:</b>
<b>Date:</b>
<b>Date, time and place of event(s) leading to complaint:</b>
<b>Detailed account of occurrence (include names and persons involved, if any):</b>

*The City of Union City’s Youth and Family Services (YFS) is an equal opportunity employer and program operator. Auxiliary aids and services are available upon request to individuals with disabilities. For TDD services, please call: 1-800-735-2922*