



GSYEP PARTICIPANT COMPLAINT FORM

This form should be used by any Summer Youth Employee wishing to make a complaint against your host agency staff, other GSYEP participants, and/or working conditions. Write out your complaint/grievance below, sign it, and email this form to dya.youth.employment@dya.guam.gov or you can submit to the DYA Director's Office. If you have any questions please call (671) 477-9557/8. As part of the process of resolving your concern, DYA will be contacting your parent/legal guardian regarding this complaint. A DYA employee will contact you within 2 working days after submission to discuss your complaint further.

PARTICIPANT INFORMATION

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Reliable Contact Number: _____ Email Address: _____

Department/Agency: _____

Supervisor's Name: _____ Supervisor's phone number: _____

INCIDENT INFORMATION

When did the incident take place: _____
(Date) (Time)

Where did the incident happen: _____

Incident Details: (Please provide as much information about the incident as possible to include all known witnesses to your concerns. If needed, attach another page further explaining the incident. Please print name, sign, and date the attachment.)

Action Taken: (What action, if any, did your Host Agency take?)

SIGNATURE AND DATE

I, _____, do hereby verify that the information relayed above is true to the best of my knowledge. I
(Print Name)
also will attest to the fact that the information above has been made on my choice and that there was no pressure or intimidation to write anything that I did not feel was true and accurate.

GSYEP Participant's Signature

Date

THIS PORTION IS FOR DYA's GSYEP COMMITTEE

PARTICIPANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Agency: _____

Date on complaint form: _____

ACTION TAKEN BY DYA

Date Report Received :



Received by: _____
(Name of DYA Personnel)

Parent/Guardian informed of complaint: _____ on _____, _____.
(Parent/Guardian Name) (Date) (Time)

Description of Action Taken

Participant informed of Action taken on _____, _____. Participant informed by: _____
(Date) (Time) (Name of DYA Personnel)

Parent/Guardian informed of complaint: _____ on _____, _____.
(Parent/Guardian Name) (Date) (Time)

Parent/Guardian informed by: _____
(Name of DYA Personnel)