



# NEW YORK CITY DEPARTMENT OF JUVENILE JUSTICE

## Resident Request for Ombudsman Services Form

I need to speak to someone because I am: *PLEASE CHECK ALL THAT APPLY*



SAD



SICK



MAD

About: *PLEASE CHECK ALL THAT APPLY*

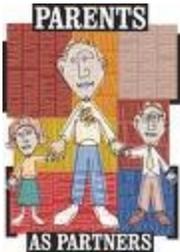
Clothing  Personal Supplies  Housekeeping  Staff  Contracted Staff  Telephone  Visiting   
Parental Contact  Peers  Recreation  Room Confinement  School  Other  \_\_\_\_\_

I AM FROM: BRIDGES  CROSSROADS  HORIZON

MY NAME IS: \_\_\_\_\_ MY DORM/HALL/ROOM IS: \_\_\_\_\_

TODAY IS: \_\_\_/\_\_\_/\_\_\_

Yes  No



Do you want your parent/legal guardian to know about your request?

Sign your name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Ombudsman: \_\_\_\_\_ Complaint:  Accepted  Declined Ombudsman Case # \_\_\_-\_\_\_-\_\_\_

Reason for decision:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Resident Informed of Response: \_\_\_\_\_ Parental Contact Made: Yes \_\_\_ No \_\_\_