



King County Superior Court Dependency CASA Grievance Procedure

Your full name:	Your full address (state and zip):
Your phone number:	Your email:
The CASA's full name:	Your connection to the CASA:

I. Description of Your Grievance

Please provide a detailed statement, in your own words, explaining what your grievance is. Include specific dates, times and places. Attach copies of relevant documents.

II. Additional Information

Does this grievance relate to an open dependency or termination case?	
If so, what is the case name and cause number?	
If not, when did the case take place?	
Have you discussed this grievance with the CASA or CASA program staff?	
If so, when did you do so and with whom did you speak?	
List the names and phone numbers of any relevant persons who may have information pertaining to your grievance	

III. Consent and Affirmation

I understand that my grievance may become public information.

I understand that by filing the grievance, I am consenting to the disclosure of the content of my complaint to the CASA and others.

I understand that by filing the grievance, I consent to the disclosure of any information relevant to the investigation to the CASA and others.

I understand I must obtain a protective order, or seek the status of a confidential source, in order to prevent the disclosure of the content of my grievance to the CASA and others.

In filing this grievance with Superior Court, I affirm that the information I have provided is true and accurate to the best of my knowledge.

Signature: _____

Date:

Printed Name:

Place Where Signed:

II. Submit the Completed Grievance Form to:

King County Dependency CASA Program
c/o Program Manager
1401 E. Jefferson Street, Suite 500
Seattle WA 98122

Or email to:

casa.group@kingcounty.gov