

Log Number: \_\_\_\_\_

Name: \_\_\_\_\_ YA# \_\_\_\_\_

**A. PAROLEE FILL OUT BEFORE THE HEARING**

Fill out this form if you are not getting the help you need for your disability. You can ask your attorney for help to fill out this form. If you need more space, use another sheet of paper.

1. Your complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What you want done: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Send this form as soon as possible to the JPB ADA Coordinator at 4241 Williamsborough Drive, Suite 217, Sacramento CA 95823. You can also give this form to a staff person, or to your attorney to send to the JPB ADA Coordinator. The decision will be sent to you within two (2) work days from the date it was received by the ADA Coordinator, or before your hearing (which ever comes first). Complaints received by JPB less than two (2) days before the hearing may be too late to get you the help you need for your hearing.

**X** \_\_\_\_\_  
*Parolee's Name (Print)*                      *Parolee's Signature*                      *YA Number*                      *Date*

**B. RESPONSE TO A GRIEVANCE FILED BEFORE THE HEARING**

Date received by JPB: \_\_\_\_\_

Decision

Granted                       Granted with Changes                       Denied                       No Action

WHAT WE FOUND: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR DECISION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ *JPB ADA Coordinator Signature*                      \_\_\_\_\_ *Date Completed*                      \_\_\_\_\_ *Date Mailed*                      \_\_\_\_\_ *Init.*

**INSTRUCTIONS TO PAROLEE**

If you have already had your hearing and did not get the kind of help you needed, then you need to fill out another complaint form. That form is: Accommodation and Assistance Appeal form (DJJ 3.261A).