



## Foster Parent Grievance Form

<b>Section I: Grievance Information</b>		
<b>Name of Filer:</b>	<b>Mailing Address:</b>	<b>Email:</b>
		<b>Phone:</b>
<b>County Involved:</b>	<b>Name(s) of worker(s) involved:</b>	<b>Area Service Manager:</b>
<b>Grievance Concerns:</b> (list the names of any children or adults related to the grievance)	<b>Name of parent/caretaker of any involved children:</b>	
<b>Description of Grievance:</b>		
<b>Signature of Filer:</b>		<b>Date:</b>
<b>Grievance Received By:</b>		<b>Date:</b>
<b>Forwarded to</b> (name of appropriate Area Service or Licensure Manager):		<b>Date forwarded:</b>

**Section II: Area Service Manager or Licensure Manager  
Date Received:**

**Description of actions taken:**

**Action taken by:**

**Date of action taken:**

**Date of contact:**

**Signature:**

**Filer response:** *Please check the first box below if the actions taken resolve your grievance. Further review may be requested by checking the second box below and returning this form via DocuSign within thirty (30) calendar days.*

- The actions taken resolve my grievance.**
- I am not satisfied with the actions taken, and I am requesting review by the Assistant Deputy Commissioner or Licensure Unit Director.**

**Filer's Comments:**

**Filer's Signature:**

**Date:**

**Section III: Assistant Deputy Commissioner or Licensure Unit Director**

**Date Received:**

**Description of actions taken:**

**Action taken by:**

**Date of action taken:**

**Date of contact:**

**Signature:**

**Filer response:** *Please check the first box below if the actions taken resolve your grievance. Further review may be requested by checking the second box below and returning this form via DocuSign within thirty (30) calendar days.*

**The actions taken resolve my grievance.**

**I am not satisfied with the actions taken, and I am requesting review by the MDCPS State Office.**

**Filer's Comments:**

**Filer's Signature:**

**Date:**

**Section IV: State Office**

**Date Received:**

**Description of final determination and any actions taken:**

**Reviewed by:**

**Date of Review:**

**Date completed form is sent:**

**Signature:**

**Filer acknowledges receipt of completed form by signing below.**

**Filer's Signature:**

**Date:**