

YSBIV Foster Parent Law Grievance Form

Submitting a Grievance

If you have attempted to resolve an issue informally through the persons involved and did not come to a mutually agreeable resolution, please complete and submit this form to: The Quality Improvement Department at contactus@ysbiv.org, please include in the subject line: Foster Parent Law Grievance.

| FOSTER PARENT INFORMATION | |
|---------------------------|----------|
| Foster Parent Name | |
| Provider Number | |
| Street Address | |
| City, State, Zip Code | |
| Phone Number Day: | Evening: |
| Email Address | |
| Case Name | |
| Case ID# | |
| Worker's Name | |
| Worker's Phone # | |
| Office Location | |

A. Foster Parent Law

Which right from the Foster Parent Law has been violated, in your opinion?

B. Complaint Details

Describe the alleged violation, including names, dates, and other information that will be useful in coming to an agreeable resolution.

For Office Use Only:

A. Intake Information

Date Completed Form Received: _____ 30-Day Deadline for Resolution _____

Foster Parent Acknowledged by:

Name _____ Position: _____ Date: _____

Which Right was allegedly violated? _____

B. Investigation

Steps in investigation and evaluation with dates/ names of people participating in each step:

C. Results

Decision to Resolve Locally: _____ Yes _____ No

If yes:

Describe steps you have taken to resolve the issue with the foster parent. Include names/dates.

Did you determine there was a violation? If yes, please describe:

Please describe the way you monitored the solution, documenting the outcomes:

If this was not resolved in-house, why not?

Feedback

Did you refer the complainant to the DCFS Advocacy Office? ___ Yes ___ No

Did you refer them to the DCFS Office of Caregiver & Parent Support? ___ Yes ___ No

What has your agency/region learned from this process? How will it impact service delivery?

Signatures of everyone involved in the grievance resolution:
