

Youth Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Phone/Email: \_\_\_\_\_

## Our Grievance Policy

This is important information about your rights as a child in out-of-home care and also information about how to complain if you think something is wrong.

### What rights do you have as a child in out-of-home-care?

**By law** (Children in Foster Care Act of 2010):

- You have the right to be treated with fairness, dignity, and respect.
- You have the right to be treated without discrimination based on race, color, religion, disability, national origin, age, and gender.
- You have the right to be treated without harassment, corporal punishment, unreasonable restraint, or physical, sexual, emotional, and other abuse.
- You have the right to live in the most family-like setting that meets your needs.
- You have the right to be given enough food and food of good quality.
- You have the right to clothing that is clean, seasonal, and age and gender appropriate.
- You have the right to get all of the medical and mental health services that you need.
- You have the right to take part in developing your medical or mental health treatment plan.
- You have the right to agree to medical and mental health treatment, including medication.
- You have the right to visit your parents at least every other week.
- You have the right to have contact with your family.
- You have the right to be placed with your siblings, or visit with them at least every other week.
- You have the right to be placed with your kin and relatives if possible.
- You have the right to be placed with families that have supported you before if possible.
- You have the right to have all the contact information for your guardian ad litem, attorney, court-appointed special advocate, and members of your planning team.
- You have the right to be in a place that maintains your culture.
- You have the right to be able to stay in the same school when you change placements.
- You have the right to be able to take part in extracurricular, cultural, and personal enrichment activities.
- You have the right to have the opportunity to work and develop job skills.
- You have the right to get life skills training and independent living services.
- You have the right to have your case and personal information kept confidential.
- You have the right to get notices of court hearings for your case, and have the ability to attend the hearings.
- You have the right to take part in religious services and observances.
- You have the right to a permanency plan that you helped create and that you can review.
- You have the right to get notice that you can ask to stay in care after you turn 18.
- You have the right to get notice of the grievance policy from the county or private provider agency.
- You have the right to be able to file a grievance, to receive the agency's grievance policy, and to have your rights and the grievance policy explained to you in way that you understand.
- You have the right to exercise parental and decision-making authority for your child (if you are a parent).

\_\_\_\_ Initials

Youth Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

**What should you do if you think your rights are not being respected?**

If you think something is wrong, you should file a *grievance* form with the agency (agency name).

**What is a grievance?**

A *grievance* is like a complaint. You can fill out a grievance form if you think your rights have been violated, or you are being treated unfairly, or you have a complaint that cannot be resolved and needs more attention.

\_\_\_\_ **Initials**

**Can you get help filling out the form?**

Anyone who you trust or feel comfortable with can help you fill out this form, such as:

a parent, guardian, caregiver or supervisor

a caseworker

a therapist or counselor

a teacher, or other school staff

a lawyer

a Guardian ad Litem

a juvenile probation officer

a judge or master

a coach

a Court Appointed Special Advocate

any other adult who helps you

\_\_\_\_ **Initials**

**What will happen after you deliver your grievance form?**

The agency (agency name) will send you a letter within \_\_\_\_ days of getting your form. The letter will tell you that we have received your grievance form and the actions we will take to resolve the situation.

After we read your form, the agency (agency name) will decide if we agree with you. We will send you a letter within \_\_\_\_ days to tell you our decision. Our decision is called a "resolution." \_\_\_\_ **Initials**

**What if I don't agree with your resolution?**

If you don't agree with our resolution you can file an appeal. The letter you get telling you our resolution will also tell you how to file an appeal. \_\_\_\_ **Initials**

**Signature**

I am signing my name below because I have received the agency's grievance policy and understand my rights (required by the Children in Foster Care Act of 2010.)

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Youth Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Phone/Email: \_\_\_\_\_  
Date grievance filed: \_\_\_\_\_ Date appeal filed: \_\_\_\_\_

## Grievance or Appeal Form

I would like to file a (check **only one**): ☐ ☐ ☐ Grievance ☐ Appeal

*Check the appeal box if you have received a written resolution to your grievance, and wish to appeal our decision.*

### Do you need help?

If you need help with this form, you may contact anyone whom you trust and feel comfortable with including a parent, guardian, caregiver, supervisor, caseworker, therapist or counselor, teacher or other school staff, lawyer, juvenile probation officer, judge or master, coach, Court Appointed Special Advocate, or any other adult who helps you.

### Don't be afraid to file this grievance or appeal!

The law protects you from being punished for filing a grievance or appeal. If you are scared or concerned that someone may treat you badly or punish you for filing, please discuss this with your Guardian ad Litem or lawyer before completing this form.

### 1. Write about your grievance here

Please describe, in your own words, what you are concerned about or how your rights were violated. Use additional paper if necessary.

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### 2. Write what you want to happen here

Please describe, in your own words, how you would like to see this grievance resolved. Use additional paper if necessary.

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### 3. Send your form to:

Copies of your grievance will go to any of the people below whose titles you check. Check as many as you like.

- |                                                      |                                                                  |
|------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> County Caseworker           | <input type="checkbox"/> Mental Retardation Caseworker           |
| <input type="checkbox"/> Private Provider Caseworker | <input type="checkbox"/> Guardian ad Litem                       |
| <input type="checkbox"/> Juvenile Probation Officer  | <input type="checkbox"/> Attorney/Lawyer                         |
| <input type="checkbox"/> Mental Health Caseworker    | <input type="checkbox"/> Court Appointed Special Advocate (CASA) |
| <input type="checkbox"/> Group Home Worker/Staff     |                                                                  |

Youth Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Phone/Email: \_\_\_\_\_  
Date grievance filed: \_\_\_\_\_ Date appeal filed: \_\_\_\_\_

**4. Is your grievance urgent?**

- ☐ Please check this box if you think your grievance is urgent and must be resolved before \_\_\_\_\_ (number of days).

Use the space below to explain why you think your grievance is urgent.

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**5. Signature**

By signing below, I agree with the following statements. If you do not agree with a statement, do not initial it.

This grievance is true and necessary. \_\_\_\_ **Initials**

I have tried other ways to resolve this grievance before sending this form. \_\_\_\_ **Initials**

I was not pressured into filling out this grievance form. \_\_\_\_ **Initials**

If I needed help in completing this grievance form I was able to get it. \_\_\_\_ **Initials**

I understand the grievance policy, and I know when to expect a decision about my grievance. \_\_\_\_ **Initials**

I understand the appeal process, and know that I can file an appeal if I am not satisfied with the resolution to my grievance. \_\_\_\_ **Initials**

I understand that I will not be punished or retaliated against for filing this form. \_\_\_\_ **Initials**

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print your name: \_\_\_\_\_

Date: \_\_\_\_\_

Agency signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Youth Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Phone/Email: \_\_\_\_\_

### **Required Contact Information**

The Children in Foster Care Act of 2010 requires that you receive the contact information for the people listed here. You may contact these people about your grievance or submit your grievance form directly to them. You may request that a copy of your grievance or appeal, and any notices, go to these contacts. You will be notified when contact information is changed for any of these people.

#### **County Caseworker**

Name:  
Address:  
City:  
Phone:  
Email:

#### **Private Provider Caseworker**

Name:  
Address:  
City:  
Phone:  
Email:

#### **Juvenile Probation Officer**

Name:  
Address:  
City:  
Phone:  
Email:

#### **Mental Health Caseworker**

Name:  
Address:  
City:  
Phone:  
Email:

#### **Mental Retardation Caseworker**

Name:  
Address:  
City:  
Phone:  
Email:

#### **Guardian ad Litem**

Name:  
Address:  
City:  
Phone:  
Email:

#### **Court Appointed Special Advocate (CASA)**

Name:  
Address:  
City:  
Phone:  
Email:

#### **Attorney/Lawyer**

Name:  
Address:  
City:  
Phone:  
Email:

**Date:** \_\_\_\_\_

Youth Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Date grievance filed: \_\_\_\_\_ Date appeal filed: \_\_\_\_\_

\_\_\_\_\_ received your: ☐ **Grievance** ☐ **Appeal**  
(Agency Name)

Date: \_\_\_\_\_

To: \_\_\_\_\_

This letter is your official notice that the \_\_\_\_\_ (name of agency) has received your grievance or appeal. We will do the following things within \_\_\_\_\_ days:

- Investigate your grievance
- Have a meeting with all people involved, including those checked on the Grievance or Appeal Form, unless the grievance or appeal can be successfully resolved without it; and
- Send you a letter telling you our decision (resolution).

#### **Important dates**

Below are the key dates for your grievance or appeal. If you have any questions, please contact \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_ Date grievance or appeal received

\_\_\_\_\_ Date the decision is due

\_\_\_\_\_ Date we will mail your decision letter

cc. These individuals will receive a copy of this notice. (This should include, at a minimum, individuals the child chose to receive a copy of their grievance/appeal form)

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Youth Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Phone/Email: \_\_\_\_\_  
Date grievance filed: \_\_\_\_\_ Date appeal filed: \_\_\_\_\_

\_\_\_\_\_  
(Agency Name)

**This is our decision for your:**      ☐ **Grievance**    ☐ **Appeal**

To: \_\_\_\_\_ Date: \_\_\_\_\_

This letter is your official notice that \_\_\_\_\_ has received your  
grievance or appeal on \_\_\_\_\_ (Date).

We have reviewed your grievance or appeal and made the following decision:

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

**Tell us if you agree**

I agree with this decision: \_\_\_\_\_ (Initial)      Date: \_\_\_\_\_

I do not agree with this decision: \_\_\_\_\_ (Initial)      Date: \_\_\_\_\_

**If you do not agree**

If you do not agree with this decision, you have the right to appeal it. If you wish to appeal it, please complete the **Grievance or Appeal Form** and check "appeal."

**Questions?**

If you have any questions, please contact \_\_\_\_\_ at

\_\_\_\_\_.

\_\_\_\_\_ Date received

\_\_\_\_\_ Date decision is due

\_\_\_\_\_ When we will mail your decision letter

cc. \_\_\_\_\_ (This should include, at a minimum, individuals the  
child chose to receive a copy of their grievance/appeal form)

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