DIVISION OF CHILD AND FAMILY SERVICES
CHILDREN’S MENTAL HEALTH SERVICES
GRIEVANCE RESOLUTION REPORT

Individual filing grievance: ________________________________________________________________

Relationship to the child, youth or agency: __________________________________________________

Phone: (____)____________________ Alternate phone: (____)________________________

Staff accepting grievance: ______________________________ Title: __________________________

Program: Division of Child and Family Services/ ______________ Date Received: ______________

Extension request date: ________________________________ Approval: ☐ Denied: ☐

Approval Signature: ______________________________ Title: __________________________

Concise Statement of Grievance (Identify specifics of the issue of concern including names, dates, programs involved):

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Resolution of the Grievance (Identify specifics and child’s or youth’s response to the proposed resolution of the grievance):