



**REQUEST FOR GRIEVANCE MEETING TO REVIEW
THE CONDUCT OF CA/N ASSESSMENT**

ND DEPARTMENT OF HUMAN SERVICES
CHILDREN & FAMILY SERVICES
SFN 465 (01-2002)

This process is available to review the conduct of a child abuse and neglect assessment.

1. Name of Person Requestion Review:		Telephone Number:	
Address: (Street)	City:	State:	Zip Code:
2. Name of Child(ren) Named in Report:			
Address: (Street)	City:	State:	Zip Code:
3. Relationship to Child(ren) of Person Requesting Review:			
4. In Which County did the Assessment take Place?			
5. Explain how you were Aggrieved by the Conduct of the Assessment. Be Specific, as to Who, What, When, Where and How:			

(If more space is needed attach separate sheet)

Signature:	Date:
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Review form must be filed with Director of the county social service board. In the event that the assessment is conducted by the regional human service center, the form must be filed with the director of the regional human service center.
Request for review may be filed no sooner than the date of notification of a case decision and no later than ten days from the date of the case decision.

DISTRIBUTION: WHITE - Director **CANARY** - Person Requesting Meeting