# INFORMAL MEETING REQUEST FOR FOSTER PARENT GRIEVANCE

ND DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 1247 (Rev. 8-2010)

Clear Fields

| TO: (County Social Service Board) | | | |
|---|---|---|---|
| Address: | City: | State: | ZIP Code: |
| Date: | | | |
| You are hereby notified that we are filing a grievance concerning the decision made by this county social service board. The decision is as follows: (Please be specific) | | | |
| We propose the following resolutions to the grievance: | | | |

We request an informal meeting in accordance with North Dakota Century Code Chapter 50-11.2 and Chapter 75-03-12 of the North Dakota Administrative Code.

| Date: | | | |
|---|---|---|---|
| Signature of Foster Parent: | | | |
| Signature Foster Parent: | | | |
| Address: | City: | State: | ZIP Code: |

**COPIES to:** Human Service Center, County Social Service Board, Foster Parents filing grievance, Children & Family Services Division