NOTICE OF INFORMAL MEETING CONCERNING GRIEVANCE

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 1248 (9-2019)

Clear Fields

Name of Foster Child(ren):	Case Number(s):		
TO: (Foster Parents)			
Address:	City:	State:	ZIP Code:
Date:			
This is to inform you that I received the Foster Parent Informal Meeting Request Form you filed regarding your request for an informal meeting concerning the following decision:			

The informal meeting has been scheduled for:

Date:			
Time:			
Address:	City:	State:	ZIP Code:

The meeting will be held in accordance with Chapter 50-11.2 of the North Dakota Century Code and Chapter 75-03-12 of the North Dakota Administrative Code.

If you are unable to attend on this date, please notify the following agency immediately:	Telephone Number:
Director's Signature:	Date:

COPIES to:

- ☐ Authorized Licensing Agent
- ☐ Foster Parents
- ☐ Licensing Agency-DHS
- ☐ Children & Family Services Division