FOSTER PARENT REQUEST FOR FORMAL GRIEVANCE HEARING

ND DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 1251 (Rev. 8-2010)

Clear Fields

(Must be filed within <u>three working days</u> of receiving the agency summary of and decision from the Informal Meeting)

TO: (Human Service Center)

ATTENTION: Regional Foster Care Supervisor

Address:	City:	State:	ZIP Code:
Date:			

You are hereby notified that we are filing a request for a Formal Grievance Hearing concerning the decisions reached by the following County Social Service Board at the conclusion of an Informal Meeting:

Informal Meeting was held at: (County Social Service Board)	Date:

We request this Formal Grievance Hearing in accordance with Chapter 50-11.2 of the North Dakota Century Code and Chapter 75-03-12 of the North Dakota Administrative Code.

Date:			
Foster Parent:			
Foster Parent:			
Address:	City:	State:	ZIP Code:

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