NOTICE OF FORMAL GRIEVANCE HEARING

ND DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 1252 (09-2000)

Clear Fields

Name of Child(ren):			
TO: (Foster Parents)			
Address:	City:	State:	ZIP Code:
Date:			
This is to inform you that I have received the Foster Parent Request for Formal Grievance Hearing SFN 1251, regarding your request for a Formal Grievance Hearing concerning the following decisions:			
The decisions were reached by: (County Social Service Board)	Date:	Informal Meeting was held at: (CSSB)	

The Formal Grievance Hearing has been scheduled for:

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

The Hearing 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 Human Service Center immediately:	Telephone Number:
Regional Foster Care Supervisor:	Date:
Human Service Center:	Date:

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