RESULTS OF FORMAL GRIEVANCE HEARING

ND DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 1253 (Rev. 8-2010)

Clear Fields

TO: **(Within five working days of the hearing)**

Foster Parents:	County Social Service Board:		
Address:	City:	State:	ZIP Code:
Date:			

This is to notify you of the findings and conclusions reached by the Regional Foster Care Supervisor from the Formal Grievance Hearing that was held.

Formal Grievance Hearing was held at: (Regional Human Service Center)	Date:

These findings and conclusions are based upon the files, records and testimony received at the hearing.

These findings and conclusions are as follows:	
Regional Foster Care Supervisor:	Date:
Human Service Center:	

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