

## FOSTER PARENT GRIEVANCE FORM

Complete this form if a foster parent has a grievance that cannot or has not been resolved by discussions between the foster parent and staff of the specific program.

FOSTER PARENT NAME: \_\_\_\_\_

Date of Initial Report: \_\_\_\_\_

Staff Taking Initial Report: \_\_\_\_\_

1. FOSTER PARENT COMPLAINT (from foster parent's point of view in their words): Use back of form if necessary

2. ATTEMPTED RESOLUTION: Use back of form if necessary

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

3. INVESTIGATION: Use back of form if necessary

4. RESOLUTION: Use back of form if necessary

Was Foster Parent satisfied with the resolution?

Yes \_\_\_\_\_

No \_\_\_\_\_

Why not? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Investigator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Date

REVIEWED BY: \_\_\_\_\_

Date \_\_\_\_\_