

CONCERN – Professional Services for Children, Youth, and Families
Children in Foster Care Act and Grievance Policy

Child's Name: _____

What is a Grievance?

A grievance is like a complaint. The children in Foster Care Act of 2010 requires that every child is aware that they have the right to file a grievance or complaint concerning his/her foster home, its conditions and treatment received at that home, without fear of retaliation. This procedure must be explained by the CONCERN caseworker to each child who can be reasonably expected to understand it at the time of placement and annually thereafter. It must also be repeated if a child changes foster homes. Every child and resource parent will be asked to sign to document that they have received notification of their rights. Biological parents will receive a copy of this policy/procedure, the required contact information sheet and the "Rights of Children in Foster Care" along with the informational letter sent to them within 30 days of the child's placement. Biological parents will also receive the updated contact information sheet.

Why would I fill out a grievance form?

A grievance form would be filled out if you feel that your rights have been violated or if you have a complaint that is not able to be resolved and needs more attention. Anyone you trust or feel comfortable with can help you fill out this form such as: a parent, guardian, caregiver or supervisor, a caseworker, a therapist or counselor, a teacher or other school staff, a lawyer or Guardian Ad Litem, a juvenile probation officer, a judge or master, a Court Appointed Special Advocate or any other adult who helps you.

What are my rights?

- Being treated with fairness, dignity, and respect
- Being free from discrimination based on race, color, religion, handicap, national origin, age, gender, gender identity and sexual orientation
- Being free from harassment, corporal punishment, unreasonable restraint, or physical, sexual, emotional, and other abuse
- Being able to live in the least restrictive, most family-like setting that meets my needs
- Receiving proper nourishment (food)
- Having clothing that is clean, seasonal, and age and gender appropriate
- Access to medical, dental, vision, mental health, behavioral health and drug and alcohol abuse and addiction services that I may need
- Having a voice in developing my medical or mental health treatment plan
- Having the opportunity to consent to medical and mental health treatment, including medication, if 14 years old
- Having the ability to visit my parents at least every other week
- Being able to have contact with my family
- Being placed with my siblings or visiting with them at least every other week
- Having my kin and relatives receive preference as a placement option for me
- Having former resource families being considered as placement options
- Having the contact information for my child advocate attorney or guardian ad litem, and members of my planning team
- Being in an environment that maintains my culture
- Being able to stay in my same school when I change placements
- Being able to participate in extracurricular, cultural, and personal enrichment activities
- Having my confidentiality maintained
- Receiving notice of and the ability to attend court hearings regarding my case and being able to be heard
- Being permitted to participate in religious services and observances
- Having a permanency plan that I help to create and that I can review that addresses safety, stability, permanency and well-being
- Receiving notice that I can request to stay in care after I turn 18
- Having the opportunity to work and develop job skills

- Receiving life skills training and independent living services to prepare for transition to adulthood
- If I am a parent, being able to exercise parental and decision making authority for my child
- Receiving notice of the grievance policy from the County or private provider agency
- Having the ability to file a grievance

What should you do if you think your rights are not being respected?

If you think something is wrong, you should file a *grievance* form with CONCERN – Professional Services for Children, Youth, and Families.

What is a grievance?

A *grievance* is like a complaint. You can fill out a grievance form if you think your rights have been violated, or you are being treated unfairly, or you have a complaint that cannot be resolved and needs more attention. ____ **Initials**

Can you get help filling out the form?

Anyone who you trust or feel comfortable with can help you fill out this form, such as:

- a parent, guardian, caregiver or supervisor
- a caseworker
- a therapist or counselor
- a teacher, or other school staff
- a lawyer
- a Guardian Ad Litem
- a juvenile probation officer
- a judge or master
- a coach
- a Court Appointed Special Advocate
- any other adult who helps you

____ **Initials**

What will happen after you deliver your grievance form?

CONCERN – Professional Services for Children, Youth, and Families will send you a letter within 14 days of getting your form. The letter will tell you that we have received your grievance form and the actions we will take to resolve the situation.

After we read your form, CONCERN – Professional Services for Children, Youth, and Families will decide if we agree with you. We will send you a letter within 14 days to tell you our decision. Our decision is called a “resolution.” ____ **Initials**

What if I don’t agree with your resolution?

If you don’t agree with our resolution you can file an appeal. The letter you get telling you our resolution will also tell you how to file an appeal. ____ **Initials**

Signature

I am signing my name below because I have received CONCERN – Professional Services for Children, Youth, and Families grievance policy and understand my rights (required by the Children in Foster Care Act of 2010).

Your Signature:	_____	Date:	_____
Print Name:	_____	Date:	_____
Witness Signature:	_____	Date:	_____

NOTE: If child is unable to sign due to age/disability, legal parent should sign on child’s behalf. If legal parent is not available, another interested individual, such as a relative or kin, a Guardian Ad Litem, or Court Appointed Special Advocate should sign on child’s behalf. If a child’s age/disability is no longer a factor, form must be reviewed at that time.

**CONCERN – Professional Services for Children, Youth, and Families
Grievance or Appeal Form**

Child's Name: _____
Date grievance filed: _____ Date appeal filed: _____

I would like to file a (check **only one**): Grievance

Appeal
Check the appeal box if you have received a written resolution to your grievance, and wish to appeal our decision.

Do you need help?

If you need help with this form, you may contact anyone whom you trust and feel comfortable with including a parent, guardian, caregiver, supervisor, caseworker, therapist or counselor, teacher or other school staff, lawyer, juvenile probation officer, judge or master, coach, Court Appointed Special Advocate, or any other adult who helps you.

Don't be afraid to file this grievance or appeal!

The law protects you from being punished for filing a grievance or appeal. If you are scared or concerned that someone may treat you badly or punish you for filing, please discuss this with your Guardian ad Litem or lawyer before completing this form.

1. Write about your grievance here

Please describe, in your own words, what you are concerned about or how your rights were violated. Use additional paper if necessary.

2. Write what you want to happen here

Please describe, in your own words, how you would like to see this grievance resolved. Use additional paper if necessary.

3. Send your form to:

Copies of your grievance will go to any of the people below whose titles you check. Check as many as you like.

- | | |
|--|--|
| <input type="checkbox"/> County Caseworker | <input type="checkbox"/> Supports Coordinator (ODP) |
| <input type="checkbox"/> Private Provider Caseworker | <input type="checkbox"/> Guardian ad Litem |
| <input type="checkbox"/> Juvenile Probation Officer | <input type="checkbox"/> Attorney/Lawyer |
| <input type="checkbox"/> Mental Health Caseworker | <input type="checkbox"/> Court Appointed Special Advocate (CASA) |
| <input type="checkbox"/> Group Home Worker/Staff | |

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Child's Name: _____

Date grievance filed: _____

Date appeal filed: _____

4. Is your grievance urgent?

Please check this box if you think your grievance is urgent and must be resolved before **14** (number of days).

Use the space below to explain why you think your grievance is urgent.

5. Signature

By signing below, I agree with the following statements. If you do not agree with a statement, do not initial it.

- This grievance is true and necessary. ___ **Initials**
- I have tried other ways to resolve this grievance before sending this form. ___ **Initials**
- I was not pressured into filling out this grievance form. ___ **Initials**
- If I needed help in completing this grievance form I was able to get it. ___ **Initials**
- I understand the grievance policy, and I know when to expect a decision about my grievance. ___ **Initials**
- I understand the appeal process, and know that I can file an appeal if I am not satisfied with the resolution to my grievance. ___ **Initials**
- I understand that I will not be punished or retaliated against for filing this form. ___ **Initials**

Your Signature: _____
Print Name: _____
Agency Signature: _____
Print Name: _____

Date: _____
Date: _____
Date: _____
Date: _____

OVER →

Child's Name: _____

Required Contact Information

The Children in Foster Care Act of 2010 requires that you receive the contact information for the people listed here. You may contact these people about your grievance or submit your grievance form directly to them. You may request that a copy of your grievance or appeal, and any notices, go to these contacts. You will be notified when contact information is changed for any of these people.

County Caseworker

Name: _____
Address: _____
City: _____
Phone: _____
Email: _____

Private Provider Caseworker

Name: _____
Address: _____
City: _____
Phone: _____
Email: _____

Juvenile Probation Officer

Name: _____
Address: _____
City: _____
Phone: _____
Email: _____

Mental Health Caseworker

Name: _____
Address: _____
City: _____
Phone: _____
Email: _____

Supports Coordinator (ODP)

Name: _____
Address: _____
City: _____
Phone: _____
Email: _____

Guardian ad Litem

Name: _____
Address: _____
City: _____
Phone: _____
Email: _____

Court Appointed Special Advocate (CASA)

Name: _____
Address: _____
City: _____
Phone: _____
Email: _____

Attorney/Lawyer

Name: _____
Address: _____
City: _____
Phone: _____
Email: _____

Date: _____