



ARIZONA DEPARTMENT OF CHILD SAFETY
GRIEVANCE FORM

Grievance Definition: An official statement of a complaint over something believed to be wrong or unfair.

_____	_____	_____			
<i>Full Name</i>	<i>Name of Child Welfare Agency</i>	<i>Group Home Facility/Cottage/Casita</i>			
_____	_____	_____	_____	_____	_____
<i>Date Of Incident</i>	<i>Time Of Incident</i>	<i>Location Of Incident (No., Street)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Relevant Information

Yes, Additional Pages Attached

Write down your grievance in detail. Include all relevant information including name(s) of individual(s) involved, witness(es), date of occurrence, address of occurrence, and time(s) of occurrence. (attach additional page, if necessary)

Resolution

Yes, Additional Pages Attached

How can this be resolved fairly and quickly? How can this be prevented in the future?

Child's Signature

Date



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Grievance Review

Yes, Additional Pages Attached

Date Received

List all staff participating in the review of this grievance	Date reviewed by staff	Best Contact Information (Phone or Email)

Grievance Review Resolution

Provide details of actions taken to resolve grievance:

Large empty text area for providing details of actions taken to resolve the grievance.

If no actions taken, explain reasoning in detail:

Large empty text area for explaining reasoning if no actions were taken.

Child Signature

Date

Staff Signature (Staff who reviewed with Child)

Date

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