



ARIZONA DEPARTMENT OF CHILD SAFETY INFORMATION REGARDING CLIENT GRIEVANCES

Client Grievance - Level 2

Complaints will be considered for the Client Grievance process upon review by the DCS Office of the Ombudsman and only after formal conflict resolution processes have been attempted. Efforts to resolve complaints must first be attempted through informal discussion with the *DCS Specialist and DCS Program Supervisor*.

The following complaints may not be grieved:

- An appeal of a substantiated allegation of abuse or neglect
- A denial of an allegation of abuse or neglect in a dependency petition.
- Removal of a child from a parent or guardian's home
- Court ordered mediation outcomes
- Complaints previously or currently being reviewed by the Arizona Ombudsman-Citizens' Aide
- Complaints involving a specific issue before the Juvenile Court
- Results of an evaluation such as psychological, psychiatric, substance abuse, medical etc. *(if these results are introduced as evidence, they may be disputed in the tribunal in which they are introduced)*
- Denial or revocation of a license or certification
- Issues concerning contract providers where the procurement code applies
- Any complaint previously grieved when there are no new circumstances

If your complaint regards one of the issues listed in this box, DO NOT start the Client Grievance Process.

Conflict Resolution Process

- 1 Address your Issue Directly with the Child Safety Specialist**
If you are not satisfied with the outcome, then
- 2 Request a Conflict Resolution Conference by contacting the Child Safety Specialist's Supervisor**
If you are not satisfied with the outcome, then
- 3 Contact the DCS Office of the Ombudsman**
 - a** If the DCS Office of the Ombudsman determines a complaint requires a formal response, you will be provided with a Level I Client Grievance form. NOTE: if you received the Kinship Placement Notification with accompanying Kinship Care Recommendation – Client Grievance – Level I form, submit the form to the address specified on the form.
 - b** Complete the form specifying your complaint and your proposed resolution, sign and date it and submit it according to the instructions on the form.
 - c** If you want help completing the form, call the DCS Office of the Ombudsman Advocacy Line at 602-364-0777 or toll free at 1-877-527-0765
 - d** You will be contacted to schedule a face to face meeting within 14 working days from the date the grievance is accepted by the DCS Office of the Ombudsman
- 4 If you are not satisfied with the Client Grievance Level I response, you may appeal to the DCS Office of the Ombudsman as follows:**
 - a** Submit a signed and dated Client Grievance Level II form to the DCS Office of the Ombudsman within 30 days of the date on the Client Grievance Level I written response.
 - b** The DCS Office of the Ombudsman will review and determine if additional appeal is appropriate.
 - c** If approved for further appeal, you will be contacted by the DCS Office of the Ombudsman to schedule a face to face or teleconference meeting within ten (10) working days from the date of receipt.
- 5 If you are not satisfied with the Client Grievance Level II response, you may appeal to the DCS Office of the Ombudsman as follows:**
 - a** Submit a signed and dated Client Grievance Level III form to the DCS Office of the Ombudsman within 30 days of the date on the Client Grievance Level II written response
 - b** If approved for further appeal, you will receive a written response within 60 days from the date of receipt. There will be no other contact. The Level III is a paper review only.

Please detach this sheet and keep it for your future reference.



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Level 2 ~ Elevating Grievance (To be completed by same person that initiated the LEVEL I Grievance)

If you were not satisfied with the agency's LEVEL I response to your grievance, by completing and mailing or emailing this form to ***DCS Office of the Ombudsman, Site Code C010-23, P.O. Box 6030, Phoenix, AZ 85005-6030 or ombudsman@azdcs.gov**, you may appeal to the DCS Office of the Ombudsman within 30 days of the date on the Level I written response. If accepted by the DCS Office of the Ombudsman, you will be contacted within ten (10) working days of the date it was received.

Name of Person Initiating the Grievance (Last, First, M.I.)

Phone Number

Email Address

Address where you want Department's written response sent. (Required)

Grievance Initiator Type: Please check one of the following to describe who you are.

- Parent, Guardian
 - Child (*age 12 and over*)
 - Foster Care Provider
 - Potential Kinship Caregiver
 - Other Provider
 - Other (*specify relationship*):
- _____

Subject of Grievance: Please check the area that best describes the subject of your grievance.

- | | |
|-----------------------------|--------------------|
| Timeliness of Communication | Case Plan/Services |
| Quality of Communication | Custody |
| Attitude of Communication | Investigation |
| Discrimination/Bias | Licensing Agency |
| Placement Foster/Adoptive | Visitation |
| Unlicensed Placement | Payment |
| Other (<i>specify</i>): | |
- _____

Additional Information

Please describe your grievance below or attach additional pages if you need more space.



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Client Grievance - Level 2

Additional Information ~ *continued*

Please describe your grievance below or attach additional pages if you need more space.



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Client Grievance - Level 2

What do you suggest should be done about this problem?

The information contained in this grievance is true to the best of my knowledge.

_____	_____
<i>Case Name</i>	<i>DCS Specialist's Name</i>
_____	_____
<i>Child's Name</i>	<i>Date of Birth</i>
_____	_____
<i>Signature of Person Initiating the Grievance (Required)</i>	<i>Date</i>

**Mail or email this grievance to: DCS Office of the Ombudsman, Site Code C010-23, P.O. Box 6030, Phoenix, AZ 85005-6030
or email to: ombudsman@azdcs.gov**



Equal Opportunity Employer/Program. The Department of Child Safety (DCS) prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, or retaliation or any other status protected by federal law, state law, or regulation. Reasonable accommodations to allow a person with a disability to take part in a program, service, or activity are available upon request. To request this document in alternative format or for further information about this policy contact your local office. TTY/TDD Services: 7-1-1. Free language assistance for DCS services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DCS esta disponible a solicitud del cliente.