

GRIEVANCE REVIEW HEARING REQUEST FORM

IDENTIFYING INFORMATION (Provide the following information)

Complainant's name: _____	
foster parent; legal parent/guardian, relative/non-relative extended family member	
Address: _____	Phone: _____
Child's Case Number: _____	
CSW's Name: _____	Phone: _____
SPA: _____	Office Address: _____

GRIEVANCE (Describe your concerns. Attach additional pages, if necessary)

REQUESTED ACTION (Describe how you would like the situation to be resolved)

SIGNATURE _____

DATE _____

An explanation of the Grievance Review procedure and instructions are on the reverse of this form. If you need assistance completing this form or have questions about the Grievance Review procedure, contact the DCFS Grievance Review Information Line, (833) 782-0173 or by fax at (213) 427-6154, or by e-mail: GRrequest@dcfs.lacounty.gov

DCFS GRIEVANCE REVIEW PROCEDURES

California Department of Social Services' (CDSS) Manual of Policies and Procedures (MPP) Division 31, Section 020 requires a grievance process to review complaints from foster parents (which includes approved relative and non-relative extended family members caregivers), legal parents, legal guardians and children regarding the placement or removal/replacement of a child or non-minor dependent from a foster home. CDSS also requires that DCFS provide you with a copy of the grievance procedure regulations. The DCFS 4161-I, California Department of Social Services Grievance Procedure Regulations form contains the exact text of the State of California regulations.

All issues will be resolved in the best interest of the child.

If your grievance is regarding the pending **removal of a foster child or non-minor dependent from your home**, contact the child's Children's Social Worker (CSW) to discuss your concerns. You may request a Grievance Review Hearing by submitting a completed DCFS 4161, Grievance Review Hearing Request form, to the Government Accountability and Risk Management (GARM) Bureau Liaison within **10 calendar days** from the date you became aware of the action under complaint. In cases of removal not exempted from review, you must submit the DCFS 4161 to the GARM Bureau Liaison at least **2 calendar days** prior to the expected date of removal of the child from your home.

If your grievance is regarding the **placement of a foster child or non-minor dependent in your home**, contact the child's Children's Social Worker (CSW) to discuss and attempt to resolve your concerns. You may request a Grievance Review Hearing by submitting a completed DCFS 4161, Grievance Review Hearing Request form to the GARM Bureau Liaison. The GARM Bureau Liaison must receive the DCFS 4161 within **10 calendar days** from the date you became aware of the action which is under complaint.

THE ORIGINAL DCFS 4161 MUST BE SUBMITTED TO THE GARM BUREAU LIAISON AT THE FOLLOWING ADDRESS:

425 Shatto Place, 6th Floor
Los Angeles, CA 90020

IF YOU WOULD LIKE TO SUBMIT THE DCFS 4161 VIA FAX OR E-MAIL, PLEASE SEND TO (213) 427-6154 OR GRrequest@dcfs.lacounty.gov.

REGARDLESS OF THE MANNER BY WHICH YOU CHOOSE TO SUBMIT THE DCFS 4161, YOU ARE STRONGLY ADVISED TO MAKE A COPY FOR YOUR RECORDS.

You will receive written notification of the Grievance Review Hearing via certified mail, within five (5) calendar days prior to the Grievance Review Hearing via the DCFS 4161-N, Grievance Review: Notice of Hearing form. The Notice will advise you of the date, time, and place of the hearing. You may bring a representative with you to the hearing. If you wish to authorize the release of information to your representative, you must complete the DCFS 4161-R, Grievance Review: Representative Agreement form, and submit it to the child's CSW. At the hearing, the Review Agent will require your representative to sign a DCFS 4161-C, Grievance Review: Representative Statement of Confidentiality form and, if not already on file, the DCFS 4161-R.

You may obtain additional forms from the child's CSW or you may request them from the DCFS GARM Bureau Liaison by e-mail: GRrequest@dcfs.lacounty.gov

List of relevant forms:

DCFS 4161, Grievance Review Hearing Request
DCFS 4161-I, California Department of Social Services (CDSS) Grievance Procedure Regulations
DCFS 4161-R, Grievance Review: Representative Agreement

If you need assistance completing this form or have questions about the Grievance Review procedure, contact: the DCFS Grievance Review Information Line, (833) 782-0173, or by fax at (213) 427-6154, or by e-mail: GRrequest@dcfs.lacounty.gov