



Children and Family Services

Click here to enter a date.

Reply to

- 1900 E. Main Street
Barstow, CA 92311
- 1094 S. E Street
San Bernardino, CA 92415-0084
- 412 W. Hospitality Lane
San Bernardino, CA 92415-0913
- 1504 Gifford Avenue
San Bernardino, CA 92415-0021
- 1090 E. Broadway Street
Needles, CA 92363
- 15020 Palmdale Rd.
Victorville, CA 92392
- 9518 E. 9th Street
Rancho Cucamonga, CA 91730
- 56311 Pima Trail
Yucca Valley, CA 92284
- 17621 Foothill Blvd.
Fontana, CA 92335

**TDD - Telephone Services For The Hearing Impaired (909) 252-4703
Child and Adult Abuse Hotline 1 (800) 827-8724**

Dear Caregiver,

- This is a seven-day notice
- Written confirmation

To inform you that the child _____ will be/was removed from your home on [Click or tap to enter a date.](#) due to the following reason(s):

- The child is in immediate danger.
- A signed **CFS 2W**: Grievance Procedures form waiving the seven-calendar day written notice is on file.
- A court has ordered the child's removal.
- Adverse licensing or approval actions have occurred that prohibit the resource/adoptive family from continuing to provide services.
- Removal of a voluntarily placed child is made or requested by the child's parent(s)/guardians.
- Removal of a child from an emergency placement.
- Removal of a child for direct placement into an adoptive home.
- Any complaint regarding only the validity of a law or of a statewide regulation.
- Any complaint regarding an issue for which a fair hearing is available pursuant to Welfare and Institution Code (WIC) Sections 10950 through 10965.
- Placement with relative/Non-Related Extended Family Member (NREFM).
- Best interest of the child.

If you disagree with this action, you may submit a request for a Grievance Review Hearing to Children and Family Services (CFS) Administration by mail or email at least two calendar days prior to the expected day of removal:

County of San Bernardino CFS Administration
 Attention: Grievance Review
 150 S. Lena Road
 San Bernardino, CA 92415
 (909) 388-0242
CFSPlacementGrievance@hss.sbcounty.gov

For questions or concerns, contact me at the number below.
Sincerely,

Position Title:
 Children and Family Services
 Phone #:

I hereby request a Grievance Review Hearing based on the removal of the child listed below:

Caregiver Name: _____
Print

Signature: _____

Date: _____

Caregiver Address: _____

RFA #: _____

Caregiver Name: _____
Print

Signature: _____

Date: _____

Caregiver Address: _____

RFA #: _____

Childs Name: _____
Print

Agency Information (if applicable):

Agency Address: _____

Agency License #: _____

RFA #: _____

State Reason for Requesting a Grievance Review Hearing Below: