

OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

Complaint and Grievance Procedures for Foster Care

LICENSE HOLDER(S)	DATE
PROGRAM TYPE: <input type="radio"/> Child Foster Care <input type="radio"/> Adult Foster Care	

Section I - Procedures

<p>If there is something about the foster home that you do not like or if the care and services you need are not being provided, you may either talk to me/us or write a description of your concerns in Section II of this form.</p> <p>I/we will respond to work on a resolution within the following number of days after receiving the complaint:</p>
<p>If the problem or complaint cannot be resolved, or if you do not feel comfortable talking to me/us about your concerns, you can talk to:</p>
<p>If there is anything occurring that the authorized representative/parent/guardian does not believe is meeting the needs of the person being served, they may either talk to me/us or write their concerns in Section II of this form.</p> <p>I/we will respond to work on a resolution within the following number of days after receiving the complaint:</p>
<p>If the problem or complaint cannot be resolved, or if the authorized representative/parent/guardian does not feel comfortable talking to me/us, they can talk to:</p>

Signatures

By signing below, I/we agree to follow these complaint and grievance procedures. I/we acknowledge the responsibility to notify the above named individual that they have been listed as the contact person for assistance in resolving a complaint or grievance, and notify the placing agency and the licensing agency about a complaint and how it was resolved. I/we agree to follow these procedures and notify all parties of any changes.

Signature of license holder

By checking "I agree" and typing my name in the "Electronic Signature" field, I understand that I am electronically signing this form. I attest and certify that the information provided above is true and accurate. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (MN Stat. §325L.07)

<input type="checkbox"/> I agree	ELECTRONIC SIGNATURE (type name)	DATE
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Signature of second license holder (if any)

By checking "I agree" and typing my name in the "Electronic Signature" field, I understand that I am electronically signing this form. I attest and certify that the information provided above is true and accurate. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (MN Stat. §325L.07)

<input type="checkbox"/> I agree	ELECTRONIC SIGNATURE (type name)	DATE
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Section II - Complaint form

NAME OF PERSON IN FOSTER CARE
NAME(S) OF LICENSE HOLDER(S)
NAME OF CASE MANAGER (IF APPLICABLE)

To be completed by the person in foster care or their parent/guardian/authorized representative:

NAME OF PERSON COMPLETING FORM
WHAT IS YOUR COMPLAINT/CONCERN?
HAS ANYONE TRIED TO RESOLVE THE PROBLEM?
ACTION YOU WOULD LIKE TAKEN TO RESOLVE THE PROBLEM

Signature

Signature of person in foster care or their parent, guardian, or authorized representative

By checking "I agree" and typing my name in the "Electronic Signature" field, I understand that I am electronically signing this form. I attest and certify that the information provided above is true and accurate. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (MN Stat. §325L.07)

<input type="checkbox"/> I agree	ELECTRONIC SIGNATURE (type name)	DATE
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To be completed by license holder(s):

Were you able to resolve the issue? <input type="radio"/> Yes <input type="radio"/> No
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