

CPS-I-01-09

**COLUMBIANA COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES  
GRIEVANCE/APPEAL REVIEW AND RESOLUTION PROCEDURE FORM**

<b>NAME</b>		<b>DATE COMPLETED</b>	
<b>ADDRESS</b>		<b>PHONE#</b>	
<b>Your relationship in this concern:</b>			
	<b>Parent</b>		<b>Kinship Care Provider/Applicant</b>
	<b>Legal Guardian/Custodian</b>		<b>Child</b>
	<b>Foster Parent/Applicant</b>		<b>Alleged Perpetrator</b>
	<b>Adoptive Parent/Applicant</b>		<b>Other (please specify)</b>
<b>My grievance is: (Please be specific)</b>			
<b>I have attempted to resolve this by:</b>			
<b>The solutions I propose are:</b>			
<b>Date received by agency:</b>		<b>Received by:</b>	
<b>Reviewed by:</b>		<b>Date:</b>	
<b>Date received by agency:</b>		<b>Received by:</b>	
<b>Reviewed by:</b>		<b>Date:</b>	