

**ADOPTION COMPLAINT  
INFORMAL GRIEVANCE FORM**

(To be completed by Client)

1. Name: \_\_\_\_\_ ID#: \_\_\_\_\_

2. Adoptive Child's Name: \_\_\_\_\_

3. Worker's Name: \_\_\_\_\_ Field Office: \_\_\_\_\_

4. Have you discussed this concern/grievance with the child's worker or supervisor? YES NO  
(Please attach any documentation of the informal process or prior discussions with the caseworker.)

5. Specify the what is to be grieved

\_\_\_\_\_  
\_\_\_\_\_

6. Reason for Grievance:

\_\_\_\_\_  
\_\_\_\_\_

7. Date of Incident:

\_\_\_\_\_

(This must be completed within 30 days of the incident.)

8. How would you like to see this resolved?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date Submitted

**KEEP A COPY FOR YOUR RECORDS**

The right to be free from acts of harassment and retaliation shall be strictly enforced and any such act should be reported immediately.