

**ADOPTION COMPLAINT
FORMAL GRIEVANCE FORM**

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.