

OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

Complaint and Grievance Procedures for Foster Care

LICENSE HOLDER(S)			DATE
PROGRAM TYPE:	Child Foster Care	Adult Foster Care	

Instructions for Child Foster Care

Minnesota Statutes, section 245A.04, subd. 1(d); Minnesota Rules, part 2960.3080, subp. 10

Child foster care license holders must work with the licensing agency to develop written complaint and grievance procedures for foster children. The procedures must allow children/youth and their parent(s) or guardian to bring their grievance to the highest level of authority in the home. In a child foster care home, the highest level of authority is the foster parent(s). The policy must be reviewed with the child/youth and parent(s) or guardian, and a copy must be provided, if requested. The complaint and grievance procedure for this child foster care home is listed in Section I.

Instructions for Adult Foster Care

Minnesota Statutes, section 245A.04, subd. 1(c)

Adult foster care license holders have a program grievance procedure that permits persons served by the program and their authorized representatives to bring a grievance to the highest level of authority in the program. In an adult foster care home, the highest level of authority is the license holder(s). The policy should be reviewed with the person or authorized representative and a copy provided, if requested. The complaint and grievance procedure for this adult foster care home is listed in Section I.

foster care home is listed in Section I.					
Section I - Procedures					
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.					
I/we will respond to work on a resolution within the following number of days after receiving the complaint:					
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:					
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.					
I/we will respond to work on a resolution within the following number of days after receiving the complaint:					
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:					

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

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SIGNATURE	DATE
Signature of second license holder (if any)	
SIGNATURE	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, guardi	an, or authorized representative
SIGNATURE	DATE
To be completed by license ho	lder(s):
Were you able to resolve the issue? Yes No	
IF YES, EXPLAIN HOW THE ISSUE WAS RESOLVED	

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IF NO, WHAT ARE THE NEXT STEPS?							

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