Complaint and Grievance Procedures for Foster Children

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

License Holder(s): ______________________________________ Date: _______________________

Child foster care license holders must work with the licensing agency to develop written complaint and grievance procedures for foster children. The grievance 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 as follows:

• 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 us or write a description of your concerns on the attached form. I/we will respond to you immediately if possible, but no longer than ______ days after receiving the complaint to work on resolving the issue.

• 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 parent(s) or guardian does not believe is meeting the needs of their child/ren they may either talk to me/us or write a description of their concerns on the attached form. I/we will respond to the parent(s) or guardian as soon as possible, but no longer than ______ days after receiving the complaint.

• If the problem or complaint cannot be resolved between the parent(s) or guardians, or if they do not feel comfortable talking to me/us, the parent(s) or guardian can talk to:
   __________________________________________________________________________

By initialing the statements below, I/we acknowledge the responsibility to:

______ ______ notify the above named individuals that they have been listed as the contact person(s) for assistance in resolving a complaint or grievance of the foster child/youth or parent.

______ ______ notify the placing agency and the licensing agency about a complaint or grievance and how it was resolved.

By signing below, I/we agree to follow these complaint and grievance procedures. I/we will talk with the licensor and each child/youth’s case manager as needed and tell them about any changes to this policy.

_______________________________________________ __________________________________________
Signature of Applicant/License Holder  Signature of Applicant/License Holder
Complaint Form

Name of child/youth: ________________________________________________________________

Name(s) of foster parent(s): _________________________________________________________

Name of child/youth case manager: _________________________________________________

To be completed by child/youth/parent or guardian

Name of person completing form: ______________________________________________________

What is your complaint/concern? ____________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

How have you or the foster parents tried to resolve the problem? _________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

Action you would like taken to resolve the problem: _________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

Signature: __________________________________________  Date:___________________________

To be completed by foster parents

Were you able to resolve the issue?  ____ Yes  ____ No

Explain how the issue was resolved. If it wasn’t what are the next steps?
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________