

**CHILD WELFARE OR JUVENILE JUSTICE SYSTEM  
REQUEST FOR GRIEVANCE REVIEW  
DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS)**



DCFS staff work hard to ensure that children served by our Division are safe, achieve permanency, experience educational success and that their physical and emotional needs are met. DCFS understands that there may be occasions where youth, family members or involved stakeholders may have concerns that are not able to be satisfactorily resolved by the worker, supervisor or local administrators.

Please try to resolve the grievance or concern at the Service Area level by talking with the assigned CFS Specialist, the CFS Specialist's Supervisor, the CFS Administrator, and/or the Service Area Administrator before making a formal grievance. All grievances that have not initially tried to be resolved at the Service Area level will be referred to that process.

If you have already completed the initial process and you continue to be dissatisfied with the outcome, please fill out this form completely, and return it to Department of Health and Human Services, Children and Family Services Division, PO Box 95026, Lincoln, NE 68509-5026. Attention: Grievance Specialist.

*Note: Please complete each section of the form.*

**Date:** \_\_\_\_\_

**YOUR INFORMATION:**

**Name:** \_\_\_\_\_  
(First) (MI) (Last)

**Telephone:** \_\_\_\_\_  
(Home) (Work) (Other)

**Address:** \_\_\_\_\_  
(Street) (Apt) (City/Town) (State) (Zip code)

**E-Mail Address** (if available) \_\_\_\_\_

**How can we contact you? (i.e. phone, email)** \_\_\_\_\_

**Your relationship to the child:**  Self/Child  Parent  Guardian  Other (Please explain)

\_\_\_\_\_

**DCFS Employee(s) Involved:** \_\_\_\_\_

**Name of child or children involved (including date of birth, current address/city, if known):**

**Grievance Summary:**

\_\_\_\_\_  
(Please continue on the last page of this form or on another sheet if necessary, for any question on this form.)

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Please describe the reasons you are not satisfied with the Department's response to your concern.

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Which DCFS staff have you talked to in an attempt to address or resolve your concerns? (Include name, office location)

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In your opinion, what will need to happen for your concern to be satisfactorily addressed or resolved?

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(Printed Name)

(Signature)

(Date)

**For DCFS Office Use Only**

**Action Taken by Official receiving this form:**

- Case referred to Team
- Case referred to Director
- Case returned to applicant due to missing information

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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**Additional Comments to one or more points above:**

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