

If yes, please describe:

## **LAWRENCE HALL**

Foster Care

Phone: (312) 346-3383 After Hours Number: (773) 931-6825 fosterparent@lawrencehall.org
Foster Parent Law Grievance Form

Date:
Foster Parent Name:
Case Manager Name:
Supervisor Name:
Identify area(s) of the Foster Parent Law you believe has been violated or is specific to this grievance:
Please provide details of the incident(s). Include specific date, time, location and who was involved:
Please provide names and telephone numbers of any witnesses:
Phone Number(s) where you can be reached:
How can we correct this problem?
Have you taken any steps to resolve the issue(s) before filing this grievance?  Yes No

Have there been previous incidents involving th	ne same staff?  Yes  No
Grievance Filed by:	
Foster Parent Signature	 Date
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Received by Vice President of Foster Care:	
Signature	Date
Actions Taken/Agreements:	
Date Closed:	