

# Request for Grievance Review

Division of Children and Family Services (DCFS) staff work hard to ensure children are safe, achieve permanency, experience success and their needs are met. DCFS understands there may be times when the youth, legal parent(s), legal guardian(s) or legal custodian(s) working with us may have concerns that are not able to be resolved by their worker, supervisor or local administrators.

Before submitting this grievance, try to resolve the concern by talking with the assigned CFS Specialist, the CFS Specialist's Supervisor, the CFS Administrator, and/or the Service Area Administrator.

If you have already tried to resolve your concerns through the supervisor(s) and administrator(s) but continue to be dissatisfied with the outcome, please fill out this form completely, and return it to:

**Mail:**

**Department of Health and Human Services**  
Children and Family Services Division  
PO Box 95026  
Lincoln, NE 68509-5026

**Email:** [dhhs.childrenandfamilyservices@nebraska.gov](mailto:dhhs.childrenandfamilyservices@nebraska.gov) **Attention:** Grievance Specialist

Date: \_\_\_\_\_ Note: Please complete each section of the form.

**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 status in the case:  Youth/Child  Parent  Legal Guardian

DCFS or Contractor Employee(s) Involved: \_\_\_\_\_

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

Grievance Summary: (What are your concerns?):

Please describe any steps already taken and list any DCFS staff or contracted providers you have worked with to address the concerns: (Include name and office location)

What will need to happen for your concern to be satisfactorily addressed or resolved?

(Printed Name)

(Signature)

(Date)