

# Child Welfare Employee Conduct Grievance Form

Please note that the Department of Human Services has a complaint process that must be used prior to completing this form and requesting a review by the Citizen Review Panel. Please visit our website at [www.larimer.org/dhs/cyf/cyf\\_complaint.htm](http://www.larimer.org/dhs/cyf/cyf_complaint.htm) or contact the **Executive Assistant to the Director** at 498-6311 for information about that process. If you complete this form, but have not used the required complaint process first, this form will automatically 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 the **Executive Assistant to the Director**, at the address at the end of this form. Assistance in completing this form is available for persons with disabilities or special needs that prevent them from completing the form.

## Your Information:

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

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

Address: \_\_\_\_\_  
(Street) (Apt) (City, Town) (State) (Zip Code)

E-Mail Address (if applicable) \_\_\_\_\_

How would you like to be contacted? \_\_\_\_\_

**Your Relationship to Complaint/Issue** (please review the attached state regulations to help you determine if you are eligible for the formal employee conduct grievance process.)

- Self/Child       Parent       Guardian       Legal Custodian  
 Other (Please explain) \_\_\_\_\_

## Employee name (s):

\_\_\_\_\_  
\_\_\_\_\_

**Name(s) of child or children involved** (include date of birth, if known):

\_\_\_\_\_  
\_\_\_\_\_

**Complaint Summary:** (Specifically describe the conduct of the employee(s) that you wish to report. What did he/she/they do? Example: If you feel the worker acted in a negligent manner, specifically describe what the worker did or did not do.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please continue on another sheet, if necessary, for any question on this form.)

Please describe why you think the action or inaction was wrong or unreasonable:

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What remedy are you seeking? (What do you hope will happen to resolve your complaint?)

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What efforts have you made to resolve your complaint through department staff?

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Please describe the reasons you are not satisfied with the department's response to your complaint.

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**Note: Your grievance cannot proceed unless this form is filled out completely and signed.**

Signed: \_\_\_\_\_

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

**For Office Use Only**

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

- Case referred to supervisor
- Case referred to Manager
- Case referred to Division Manager
- Case referred to Director
- Case referred to Citizen Review Panel

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

