

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
 Division of Children, Youth and Families

CLIENT GRIEVANCE - LEVEL II

LEVEL II Elevating Grievance (To be completed by same person that initiated the LEVEL I Grievance)

If you were not satisfied with the agency's LEVEL I response to your grievance, by completing and mailing this form to *DES/DCYF, Site Code 750A, P.O. Box 6123, Phoenix AZ 85005, you have elevated it to LEVEL II of the formal client grievance process. You will be contacted within seven (7) working days of the date it is received by the agency to schedule a meeting or teleconference.

NAME OF PERSON ELEVATING GRIEVANCE (Last, First, M.I.)	HOME PHONE NO.	WORK PHONE NO.
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ADDRESS THAT YOU WANT THE AGENCY'S WRITTEN RESPONSE TO BE MAILED

Grievance Initiator Type: Please check one of the following to describe who you are.

- Parent, Guardian or Custodian
- Child (age 12 and over)
- Foster Care Provider
- Other Provider
- Other (specify):

Subject of Grievance: Please check the area that best describes the subject of your grievance.

- | | |
|--|--|
| <input type="checkbox"/> Timeliness of Communication | <input type="checkbox"/> Discrimination/Bias |
| <input type="checkbox"/> Quality of Communication | <input type="checkbox"/> Custody |
| <input type="checkbox"/> Attitude of Communication | <input type="checkbox"/> Investigation |
| <input type="checkbox"/> Placement Foster/Adoptive | <input type="checkbox"/> Licensing Agency |
| <input type="checkbox"/> Unlicensed Placement | <input type="checkbox"/> Visitation |
| <input type="checkbox"/> Legal Representation | <input type="checkbox"/> Payment |
| <input type="checkbox"/> Case Plan/Services | <input type="checkbox"/> Other: |

Please state why the LEVEL I response did not resolve your grievance: Use "ADDITIONAL INFORMATION" on page 2 if you need more space.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1.

ADDITIONAL INFORMATION

CASE NAME	CASE MANAGER'S NAME
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The information contained in this grievance is true to the best of my knowledge.

SIGNATURE OF PERSON ELEVATING GRIEVANCE	DATE
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***MAIL THIS GRIEVANCE TO THE ADDRESS SHOWN ON PAGE 1 OF THIS FORM.**

LEVEL II Agency Response (Completed by agency)		
TRACKING NO.	DATE RECEIVED	DATE SENT TO PROGRAM ADMINISTRATOR

Agency's written response:

SIGNATURE OF EMPLOYEE COMPLETING RESPONSE	TITLE	DATE
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DATE RESPONSE MAILED	SIGNATURE OF EMPLOYEE MAILING RESPONSE
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