

**Georgia Division of Family and Children Services  
Foster Parent Grievance Notification: Step Two**

This form serves as the official notification of grievance to the State Division Director (STEP TWO). It **MUST** accompany any other letters or documentation that you may wish to provide for review. Please mail to:

**Division of Family and Children Services  
Division Director  
2 Peachtree Street, Suite 19-400  
Atlanta, GA 30303**

**IDENTIFYING INFORMATION**

<b>NAME (Primary Foster Parent)</b>	
<b>NAME (Secondary Foster Parent)</b>	
<b>STREET ADDRESS (LINE 1)</b>	
<b>STREET ADDRESS (LINE 2)</b>	
<b>CITY</b>	
<b>COUNTY</b>	
<b>ZIP</b>	
<b>CELL PHONE</b>	
<b>WORK/ALTERNATE PHONE</b>	
<b>EMAIL ADDRESS</b>	Do you agree to receive notice via email:      Yes      No

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**BASIS FOR STEP TWO GRIEVANCE REQUEST**

- ☐ Grievance submitted to county DFCS office was not resolved in a timely manner.
- ☐ Response to grievance from county DFCS office was not resolved to my satisfaction.

**PLEASE SUMMARIZE YOUR GRIEVANCE AND RESULT OF STEP ONE EFFORTS.**

**Regarding your Step One Grievance:**

- Did you receive a written response from the County Director?  
Yes                      No                      (If yes, please attach)
  
- Was a staffing held?  
Yes                      No

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Is your home in full approval status?

Yes                      No                      (If no, please explain why and date of closure)

If this grievance involves children being removed from your home, please provide a brief explanation of the circumstances and date of removal.

Please provide the contact information for any child welfare professionals involved in the case that can provide supporting information regarding your grievance.

NAME	ROLE	PHONE	EMAIL ADDRESS

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**SUBMISSION CHECKLIST:**

- ☐ Form 80 (Step One) Attached
- ☐ Response from County Director attached
- ☐ N/A Not Received
- ☐ Supporting Documentation Attached
- ☐ N/A

**Primary Foster Parent:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Secondary Foster Parent:**

Signature \_\_\_\_\_ Date \_\_\_\_\_