

**Georgia Department of Human Resources
Grievance Notification: County Director**

This form serves as the official notification of grievance to the local county. It MUST accompany any other letter or documentation that you may wish to provide for review.

I. Identifying Information

| | |
|---|---|
| NAME | |
| STREET LN 1 | |
| STREET LN 2 | |
| CITY | |
| ZIP | |
| HOME PHONE | |
| WORK/ALT PHONE | |
| EMAIL ADDRESS | |
| INDICATE WHICH FOSTER PARENT RIGHT YOU ARE GRIEVING. (For example: The right to receive timely reimbursement.) | |
| PERSON FILING COMPLAINT | _____ Foster Parent _____ Other (Identify Role) |
| County (ies) Involved | |
| Children Involved (Please attach a sheet if additional space is needed.) | Full Name and Date of Birth |
| | |
| | |
| | |
| Adoptive and Foster Parent Association of Georgia (AFPAG) Advocates | _____ I am requesting an AFPAG advocate to support me through this process. I understand that I can make the request online at www.afpag.org or by calling 1-877-804-6610. _____ I am not requesting an AFPAG advocate. |

