

CPS-04-04

**COLUMBIANA COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES
COMPLAINT REVIEW HEARING AND REPORT DISPOSITION APPEAL
POLICY**

NAME		DATE COMPLETED	
ADDRESS		PHONE#	
Your relationship in this concern:			
	Parent		Kinship Care Provider/Applicant
	Legal Guardian/Custodian		Child
	Foster Parent/Applicant		Alleged Perpetrator
	Approved adult-supervised living arrangements		
My complaint or appeal is: (Please be specific)			
I have attempted to resolve this by:			
The solutions I propose are:			
Neutral Supervisor assigned to the review or appeal:			
Phone number: 330-420-6600			
Date received by agency:		Received by:	
Reviewed by:		Date:	
Date received by agency:		Received by:	
Reviewed by:		Date:	