



CYFD Request to File a Grievance

Resource Families reserve the right to file a grievance if they witness any policy or procedure violations by PSD Staff, their rights were violated or if they are retaliated against. This form shall be used to facilitate a review of the grievance. This notice must be e-mailed and accompanied by any other letters or documentation that the reporting party wishes to be reviewed.

There are two levels of grievance reviews and must be completed in order. Please identify which level of review below (check one):

<input type="checkbox"/>	LEVEL ONE: Office of Constituent Affairs	E-mail: Kaitlyn.Eichers@cyfd.nm.gov	Phone: 505-681-2486
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<input type="checkbox"/>	LEVEL TWO: Office of the Inspector General (OIG)	E-mail: CYFD-OIG@cyfd.nm.gov	Phone: 1-844-521-2177
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REPORTED BY: _____ **DATE OF REPORT:** _____

TITLE / ROLE: _____

ADDRESS: _____

PHONE #: _____

PROVIDER # (if known or applicable): _____ **CASE ID # (if known or applicable):** _____

GRIEVANCE INFORMATION

GRIEVANCE TYPE: Choose an item.

GRIEVANCE DESCRIPTION: (Who, What, Where, When, & How):

HOW WOULD YOU LIKE TO SEE THIS GRIEVANCE RESOLVED?

NAME / ROLE / CONTACT OF PARTIES INVOLVED (If applicable):

1. _____
2. _____
3. _____

NAME / ROLE / CONTACT OF WITNESSES (If applicable)

1. _____
2. _____
3. _____

PSD FIELD COUNTY OFFICE INFORMATION

PSD COUNTY: _____

COUNTY OFFICE ADDRESS: _____ **OFFICE PHONE:** _____

CASEWORKER NAME: _____ **CASEWORKER PHONE:** _____