

**Georgia Department of Human Resources
Grievance Notification: State Division Director**

This form serves as the official notification of your STEP TWO grievance to the State Division Director. A copy of Form 80, the local county response and any other letter or documentation that you may wish to provide for review MUST accompany this form. Mail to : Division of Family and Children Services, Division Director, 2 Peachtree Street, Suite 19-400, Atlanta, GA 30303

I. BASIS FOR STEP TWO GRIEVANCE REQUEST

- Grievance submitted to the local county DFCS office was not resolved in ten (10) working days.
- Grievance submitted to the local county DFCS office was not resolved in a timely manner.
- Grievance submitted to the local county DFCS office was not resolved to my satisfaction.

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

Attach any supporting documentation to this form.

- I agree to receive notices via electronic mail.
- I do not agree to receive notices via electronic mail.

Signature

Date