



Arkansas Department of Human Services
Division of Children & Family Services

Outcome of Complaint Review (Other than Child Maltreatment)

To: Foster Parents

From: DCFS Resource Supervisor
County
Phone Number
Email

Date: _____

RE: Outcome of Complaint Review

Nature of Complaint:

[Empty box for Nature of Complaint]

The outcome of the complaint review regarding your foster home is that the information gathered
[] does [] does not support the complaint described above.

Comments:

[Empty box for Comments]

In order to correct the above situation, the following corrective action steps must be completed by the dates indicated below:

Table with 2 columns: Corrective Action Steps, Date. Rows 1-4.

Once again, we appreciate your understanding and cooperation. If you have any questions, please contact me or your assigned Resource Worker.

DCFS Resource Supervisor Signature