Out of County Complaint Investigation Notification

(To the Placing County)

**DATE:**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO RFA PLACING COUNTY**:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FROM RFA APPROVAL COUNTY**:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

There has been a report received by the RFA Program in      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County regarding a Complaint Investigation on RF      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with whom you have a dependent child/children placed.

**Date of RFA Approval**:

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| --- |
| Date Complaint Investigation Referral received:      Date 10 Day Visit Due:      Notes(Include name and contact information for investigating party. If CCL, please so indicate):       |
| Investigation Information:[ ]  Pending - Estimated Date of Completion      [ ]  Finalized – Outcome: [ ]  Substantiated [ ]  Inconclusive [ ] UnfoundedSerious Incident: [ ]  Yes [ ]  No Serious Complaint: [ ]  Yes [ ]  NoDate Serious Incident/Serious Complaint Reported to CDSS & State Liaison (If Applicable):      Notes:       |

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|       |  |       |

 Name Email Address

|  |  |
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|       |  |

 Phone Number