

Dispute Resolution Form

Foster Care

Informal Decision Local District/DCBS

Date Complaint Received:

District Name:

Contact Person:

Contact Person Phone:

Student's Name:

Area of Concern (BID):

Relevant Evidence:

Determination:

LEA Point of Contact Signature:

DCBS Point of Contact Signature:

Date of Resolution:

APPEAL:

Petitioner Signature:

Date:

Question at issue on appeal:

Informal Decision State DCBS
Determination:

DCBS State POC Signature:

Date of Resolution:

APPEAL:

Petitioner Signature:

Date:

Question at issue on appeal:

Final Dispute

Date Complaint Received:

District Name:

Contact Person:

Contact Person Phone:

Student's Name:

Area of Concern (BID):

Final Resolution:

KDE Signature:

Date:

DCBS Signature:

Date:

DCBS Signature:

Date: