



California Children's Services Program Grievance Intake

This form is to file a formal grievance regarding dissatisfaction with the CCS program, except for those identified in a Notice of Action.

1. Today's Date	2. CCS Beneficiary's ID/CIN	3. CCS Beneficiary's Full Name
4. Date of Birth	5. Phone Number	6. Email Address
7. Residential Address		8. City, Zip Code
9. Full Name of Person Filing Grievance		10. Relationship to CCS Beneficiary <input type="checkbox"/> CCS Applicant/Beneficiary <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Authorized Representative
Nature of Grievance		
11. Date of Grievance	12. Who was involved? (If applicable)	13. Where did it take place? (If applicable)
14. State the nature of the grievance, facts, times, places, etc. Attach any additional information that may be relevant to your grievance.		
15. Requested Resolution (Optional)		

If DHCS or county CCS program is completing the form for CCS applicant, beneficiary, legal guardian, or authorized representative, complete the following:

County or DHCS	CCS Staff Name Completing This Form
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For DHCS or County CCS Program to Complete

Full Name of Representative Responsible for Resolving Grievance

Grievance Type

Standard Expedited

Is this an Exception Grievance?

Yes No

Reason for Exception

Date of Resolution

Description of Action Taken

Date Notification Sent to CCS Applicant, Beneficiary, Legal Guardian, or Authorized Representative

For DHCS to Complete

Is Exception Approved?

Who Granted Approval?

Date Approved

Date County Notified