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 Unfounded  Serious Incident:  Yes  No  Serious Complaint:  Yes  No  Date 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