



New Mexico Children, Youth and Families Department

PO Drawer 5160

Santa Fe, New Mexico 87502

Phone 505.827.7602 • Fax 505.827.4053

CYFD RESOURCE FAMILY REQUEST TO FILE GRIEVANCE FORM

Resource Families reserve the right to file a grievance if they witness any policy or procedure violations by PSD staff on their case, when any of the "Resource Family Bill of Rights" have been violated, or if they are retaliated against. This form shall be used to facilitate a review of the grievance. This notice must be e-mailed and accompanied by any other letters or documentation that the Resource Family may wish to provide for review. **There are two levels of grievance reviews and must be completed in order.** Please identify which level of review below (check one):

Level 1 Review: Office of Constituent Affairs; e-mail: Harry.Montoya@state.nm.us

Level 2 Review: Office of the Inspector General (OIG); email: CYFD-OIG@state.nm.us

Please print clearly (or type) in each of the fields listed below, sign and date. Electronic signatures are permitted.

Your First Name _____ Your Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Provider # (if known) _____

Today's Date _____ Your Signature _____

PSD Field County Office & Case Information:

County Office: _____

Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Case # (if known): _____

Caseworker Name: _____ Caseworker phone: _____

Please provide a short description of your grievance and dates of such events:

Please provide a short summary of how you would like to see this grievance resolved: