

**REQUEST FOR GRIEVANCE HEARING**

REFERRAL NUMBER

COUNTY OF

**No grievance hearing shall be required when a court of competent jurisdiction has determined that the suspected abuse or neglect has occurred, or when the allegation of child abuse or neglect resulting in the referral to the Child Abuse Central Index is pending before the court.**

**A. CONTACT INFORMATION**

NAME:	DATE OF BIRTH
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STREET ADDRESS:

CITY:	STATE:	ZIP CODE:
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TELEPHONE NUMBER:

( )

ALTERNATE NUMBER:

( )

**I hereby request a grievance hearing to dispute the decision to list my name on the Child Abuse Central Index (CACI). I acknowledge that I have received a copy of the Notice of Child Abuse Central Index Listing and a copy of the Grievance Hearing Procedures.**

**B. REASON FOR GRIEVANCE**

The reason I am requesting a grievance hearing is because **(YOU MUST CHECK AT LEAST ONE)**:

- I am not the person who committed the alleged act(s) of abuse or neglect.
- The alleged act(s) of abuse or neglect did not occur.
- Even if the alleged act(s) occurred, these acts are not abuse or neglect within the meaning of the Child Abuse and Neglect Reporting Act.
- Other. If this box is checked, please explain below. If you need more space for your explanation, you may attach additional pages to this form.

\_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE:

DATED:

- Check this box if you would like to schedule an appointment so that you can examine all records and evidence related to investigation of the referral, except for information made otherwise confidential by law. At this appointment, you must also bring and disclose to the county all records and evidence that support your claim that you should not be listed on the CACI.

You may have an attorney or other representative present at the hearing to assist you. If you intend to have an attorney or other representative present, please provide us with the following information.

**C. ATTORNEY/REPRESENTATIVE INFORMATION**

ATTORNEY OR REPRESENTATIVE'S NAME:

PHONE NUMBER:

( )

ATTORNEY OR REPRESENTATIVE'S ADDRESS:

**Please return this Request for Grievance to this address:**

Address:

Attn: