

Dispute Resolution Form Foster Care

Informal Decision Local District/DCBS

Date complaint received:	
Name of district:	
Contact person/phone:	
Student's name:	
Area of concern (BID):	
Relevant evidence:	
Determination:	

Local educational agency (LEA) point of contact (POC) signature:

DCBS POC 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:	
Name of district:	
Contact person/phone:	
Student's name:	
Relevant evidence:	
Area of concern (BID):	
Final resolution:	

Ky Dep. of Education signature:

Date:

DCBS Signature:

Date:

DCBS Signature:

Date: