OKLAHOMA STATE DEPARTMENT OF EDUCATION
OFFICE OF FEDERAL PROGRAMS
FOSTER CARE COMPLAINT FORM

1. Please provide the Name, Date of Birth, and Grade Level for the child involved.
   
   First Name: Click here to enter child's first name
   Last Name: Click here to enter child's last name
   Date of Birth: MM/DD/YYYY
   Grade Level: Click here to enter child's grade level

2. The name(s) of involved school district personnel and the district(s) they represent.
   
   School District Name: Click here to enter the school district name
   School District Personnel: Click here to enter personnel's name

3. Please provide a description of the attempts that were made to resolve the issue at the school district and child welfare agency level. *(Please attach any supporting documentation to this form.)*
   
   Click here to enter text.

4. Please provide a brief description on any resolutions to the issue provided by the district.
   
   Click here to enter text.

5. Please provide a detailed description of the dispute. *(Use additional space, if needed.)*
   
   Click here to enter text.

Address the complaint to:
Oklahoma State Department of Education
Office of Federal Programs
State Foster Care Coordinator
2500 N. Lincoln Boulevard
Oklahoma City, Oklahoma 73105