



**FAMILY RESOURCES INC.**  
SERVING FAMILIES SINCE 1849

2800 Eastern Avenue, Davenport, Iowa 52803  
322 16<sup>th</sup> Street, Rock Island, IL 61201  
Direct phone: 563.468-2137 • Fax: 563.326.2013  
E-mail: [hcondon@famres.org](mailto:hcondon@famres.org) • Website: [www.famres.org](http://www.famres.org)

**Adoption/Foster Home Licensing Program  
GRIEVANCE PROCEDURES**

In the event that an adoptive family utilizing the services of the Family Resources, Inc. Adoption/Foster Home Licensing Program has a grievance, the following procedure shall be followed:

- If the client feels comfortable with this, every effort will be made to work out the grievance with the identified adoption specialist.
- If the client does not feel that this would be the best method in handling the situation, or the situation warrants differently, the client will approach the Adoption Program Supervisor and explain the situation.
- The Adoption Program Supervisor will attempt to effectively resolve the grievance within two business days. If this is not possible, the President/CEO of Family Resources, Inc. will be made available to the client. The President/CEO will make all efforts to resolve the grievance.
- Resolutions of all complaints will be reported to the Family Resources, Inc. Board of Directors at their next meeting or at an earlier date.
- Any retaliation against the client making the complaint will not be tolerated and is prohibited.
- Family Resources, Inc. will maintain written documentation of all complaints received at the agency through the CQI Department and the Adoption Program.
- The DCFS Licensing Representative will be contacted within ten business days after the grievances are received and resolved (if allocable).
- All clients utilizing the services of the Family Resources, Inc. Adoption/Foster Home Licensing Program are made aware of the Grievance Procedure prior to services being provided. This form will be copied, with the copy going to the client while the original remains in the family file.

As pre-adoptive parents with Family Resources, Inc., we acknowledge that we have read and fully understand the grievance policy and procedure at Family Resources, Inc. By signing this form, we acknowledge that in the event of a grievance, the process stated within this form will be followed.

\_\_\_\_\_  
Pre-Adoptive Parent #1

\_\_\_\_\_  
Pre-Adoptive Parent #2

\_\_\_\_\_  
Witness (FRI Adoption Specialist)