

**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*