

**TUSCARAWAS COUNTY JOB & FAMILY SERVICES  
REQUEST FOR AN ADMINISTRATIVE REVIEW**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: (     ) \_\_\_\_\_

CASE NUMBER (if applicable): \_\_\_\_\_

CASEWORKER: \_\_\_\_\_

CASEWORKER'S SIGNATURE: \_\_\_\_\_

DATE OF MEETING WITH \_\_\_\_\_

CASEWORKER'S SUPERVISOR: \_\_\_\_\_

**COMPLAINT:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACTION BEING REQUESTED:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RECEIVED BY:**

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

- Distribution:  Original to Administrative Assistant  
 Copy to Complainant