

First Name:	Last Name:	Date:	
Address: (No. and Street):		Apt.:	CMS #:
City:	State:	Zip:	Report Date(s):

Child Name	Allegation	Review Finding Allegation is:	Allegation Status:	Included on Central Registry?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

As you requested, an internal review has been completed regarding the substantiation of the allegations(s) listed above.

If all allegation are marked "unsubstantiated," you do not need to do anything. You are no longer listed as a perpetrator of abuse or neglect in our system.

If any allegation is marked "substantiated," you may appeal the decision by writing to:

Administrative Hearing Unit
 Department of Children and Families
 505 Hudson Street
 Hartford, CT 06106

Your request must be submitted within **thirty (30)** days of the date of this notice.

Sincerely,

Name of Reviewer:

Signature of Reviewer:
