

**Office of Provider Management
Room, Board and Watchful Oversight
PBC Score Dispute Notification Form**

Date of Form:	Agency Name:
Executive Director Name:	Executive Director Email Address:
Contact Person Name/Title:	Email Address:

SCORE DISPUTED:

Safety Review Score

Date of Review: _____ Score: _____

Comprehensive Review Score

Date of Review: _____ Safety Score: _____ Permanency Score: _____ Well-Being Score: _____

Quarterly Report

Date of Report: _____ Overall Score: _____

Foster Home Evaluation Score

Date of Review: _____ Score: _____ Foster Home: _____

Other _____

DESCRIPTION

Describe Scoring Dispute (include resolution sought):

Describe Other Attempts to Resolve Dispute:

SIGNATURE

Agency Director or Designee:

I have reviewed and concur with this notification.

Date

Submit form with supporting documentation to opmrequests@dhr.state.ga.us or fax to 770.359.5335 . A response will be provided within 10 business days.