Butler County Children Services Board
Inquiry / Complaint Form

Instructions: If you wish to file a complaint, please read this form first, then fill it out and return it to our office at the address above. To help us resolve your complaint, please provide as much information as you can. Please be as specific as you can in describing your concern.

If you believe this report is an emergency, please phone 911 and our hotline at 1-800-325-2685, immediately. An emergency is any child or family at risk of imminent harm, because of an agency action or failure to act. If you are unable to fill out this form for any reason, please contact our office directly. We can provide an interpreter or accommodate disabilities. If there is any other barrier to communication or access to our service, please contact our office.

Today’s Date: __________________

Your Last Name____________________ First Name______________ M.I.____
Street Address___________________________________________
City _____________________________ State____ Zip _______________
Your Telephone Number (         )  _____________________

What is your relationship to the child or family?
___ Child’s Parent                         ___CSB Employee
___ Child’s Legal Guardian           ___ Public Defender or Defense Council
___ Child’s Grandparent               ___ CASA/GAL
___ Child’s Other Relative            ___ Other Attorney
___ Child                                       ___ Law Enforcement Official
___ Licensed Foster Parent
___ Other Relationship (Specify) _____________

Are the parents of this child aware of this inquiry / complaint?
_____ Yes     _____ No

What is your primary language? ____________________________

Who is the parent? If there is more than one parent, please provide this same information for the other parent on an attached sheet of paper.
Parent’s Last Name _________________________
Parent’s First Name ____________________ Parent’s Middle Initial ____
Street Address ___________________________ Apartment ____
City __________________ State _______ Zip ________
Day Telephone (____)__________ Evening or Cell Phone (____) ______________
Parent’s Primary Language ______________________________________

Is the parent represented by an attorney?  __Yes  __No  ___Unknown

Who is the family’s case worker?  Last Name__________ First Name ______

Who is the child?
If there is more than one child in the family, please provide this same information
for the other children on an attached sheet of paper.
Child’s Legal Last Name __________________ Legal First Name __________
M.I.______
Gender ___M  ___F  Age ____  Date of Birth ____
Primary Language ______________________________________

Is the child currently represented by CASA or GAL?  __Yes  __No  ___Unknown

Is the child currently represented by an attorney?  __Yes  __No  ___Unknown

With whom does the child reside?
Name or Agency _______________________________________________________
Relationship To The Child _____________________________________________
Street Address _______________________________________________________
State _______ Zip ________
Day Phone (____)______________ Evening or Cell Phone (____) __________

Who is the subject of your complaint?
Name _________________________ Title or Position _____________________
Person’s Agency or Profession _______________________________________
Office Address ______________________ City___________ State _______
Zip____
What is your complaint?
Briefly describe the agency action or inaction that you are complaining about and the date or dates of the incident. If you need more space, please attaching additional paper. EXAMPLE: "My nephew was placed in foster care on December 16, 2004. My nephew’s case worker is refusing to place him with me because my husband has a criminal record."

Please describe the reason you think the agency action or inaction was wrong or unreasonable.
Include as many facts as you can. If you need more room, you may attach additional sheets of paper and submit materials or copies of documents that support your complaint. Please do not send original documents. They cannot be returned.
Have you attempted to resolve this issue with someone else at the Butler County Children Services Board? _____ Yes _____ No
If yes, with whom?________________  Title: _____________  Date: _______

What action are you seeking to resolve your complaint?
Please be as specific as you can. EXAMPLE: “I want the caseworker to reconsider letting my nephew live with me.”

How did you hear about the Butler County Children Services Ombudsman?
___ CASA / GAL  ___ Directory Assistance or Phone Book
___ CSB Employee  ___ Relative or Friend
___ Brochure Left by CSB Caseworker  ___ County Commissioner or Legislator
___ Attorney  ___ Conference, Training, or Workshop
___ Law Enforcement Official
___ Butler County Children Services Website
___ Other (specify) ___________________________________________________