

Please return this completed form to : **Butler County Children Services,**
ATTN: Ombudsman offices at 300 N. Fair Avenue, Hamilton, OH 45011

FACIS # _____

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?

- | | |
|---|---|
| <input type="checkbox"/> Child's Parent | <input type="checkbox"/> CSB Employee |
| <input type="checkbox"/> Child's Legal Guardian | <input type="checkbox"/> Public Defender or Defense Council |
| <input type="checkbox"/> Child's Grandparent | <input type="checkbox"/> CASA/GAL |
| <input type="checkbox"/> Child's Other Relative | <input type="checkbox"/> Other Attorney |
| <input type="checkbox"/> Child | <input type="checkbox"/> Law Enforcement Official |
| <input type="checkbox"/> Licensed Foster Parent | |
| <input type="checkbox"/> 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) _____