



Complaint Form
 State Form (R0 /0-00)
 DCS Ombudsman Bureau

DCS Ombudsman Bureau
 402 W Washington St. W479
 Indianapolis, IN 46204
 Telephone: (317) 234-7361
 Toll Free: (877) 682-0101
 Email: DCSOmbudsman@idoa.in.gov

Instructions: If you have already attempted to resolve your complaint by discussing the concerns with a Family Case Manager/Supervisor and/or have requested a review by the local Child Protection Team, and you wish to file a complaint, please complete the following form and return it to the DCS Ombudsman Bureau at the above address. If you have an emergency regarding the safety of a child, contact the Child Abuse Hotline at 1-800-800-5556, as the DCS Ombudsman Bureau does not handle emergency situations.

How did you hear about the DCS Ombudsman Bureau? _____

Your Information (Complainant information will be kept confidential according to IC-4-13-19-7)

Name			
Address			
City	State	Zip	County
Email Address	Daytime Phone	Other Phone	Relationship to Child(ren)

Agency Information

Agency Name	County where agency is located
Name of Family Case Manager, Supervisor or other staff involved	
Type of Case <input type="checkbox"/> CPS <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Other: _____	

Child/Children Information

Child's name	Date of Birth	Person with whom child resides	Relationship

List other adults involved

Name	Date of Birth	Relationship to Child

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Please describe the steps you have taken to resolve your complaint and the outcome of your efforts. Include the name of the FCM, Supervisor or other agency staff person with whom you have had contact.

Have you contacted other agencies or taken legal action against DCS? If so, please provide the name of the agency, outcomes and dates.

Was there a Child Protection Team Review? What was the outcome?

Has an Administrative Review been requested and/or conducted? What was the outcome?

Is there any pending Court action?

Please describe the policy or law you believe DCS did not follow.

What do you hope will happen to resolve your complaint?

Briefly summarize your complaint. Please include the date the event occurred.

Signature	Printed Name	Date
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