



COMPLAINT FORM

State Form 54204 (R3 / 11-12)
DCS OMBUDSMAN BUREAU

DCS OMBUDSMAN BUREAU
402 West Washington Street, Room W479
Indianapolis, IN 46204
Telephone: (317) 234-7361
Toll Free: (877) 682-0101
Fax: (317) 232-3154
E-mail: 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 the Local Office Director, 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? _____

COMPLAINANT INFORMATION (Complainant information will be kept confidential according to IC 4-13-19-7)			
Name			
Address (number and street, city, state, and ZIP code)			County
E-mail address	Telephone number ()	Other telephone number ()	Relationship to the child(ren)

AGENCY INFORMATION	
Department of Child Services	County where agency is located
Name of Family Case Manager, Supervisor or other staff involved	
Type of case ☐ Hotline ☐ Assessment / Investigation ☐ Ongoing case / CHINS ☐ Adoption ☐ Other: _____	

CHILD / CHILDREN INFORMATION			
Name of Child(ren)	Date of Birth (month, day, year)	Person with whom child resides	Relationship

INFORMATION ON OTHER ADULTS INVOLVED		
Name	Date of Birth (month, day, year)	Relationship to Child

The DCS Ombudsman Bureau may receive, investigate, and attempt to resolve a complaint alleging that DCS, by action or omission, failed to protect the physical or mental health or safety of any child or failed to follow specific laws, rules, or written policies. Within this context, briefly describe your complaint.

Describe the DCS actions / inactions you believe resulted in the failure to protect the child(ren):

Describe the policy, rule or law you believe DCS did not follow:

List the steps you have taken to resolve your complaint:

Is there any pending Court action regarding this matter or a pending Administrative Review? If so, please describe the status:

Please describe what you would consider a reasonable resolution to your complaint:

IMPORTANT: Pursuant to IC 4-13-19-7(3), except as necessary to resolve and investigate a complaint, we will not give your name to DCS without your permission. Can we use your name when discussing your complaint with DCS? If you are submitting electronically, please return the written consent included in the confirmation of receipt letter.

☐ Yes

☐ No

Signature

Date signed (*month, day, year*)

Printed name