



# COMPLAINT FORM

## ◆ Dispute Resolution for Children and Families ◆

If you wish to file a complaint, please complete this form and return it to the Systems Advocate Unit by clicking the Submit Form button at the bottom of the form. Please be specific in describing your complaint. If you have any questions, please contact the Systems Advocate at (775) 684-4413.

Name of Complainant: \_\_\_\_\_  
(First) (MI) (Last)

Home Address: \_\_\_\_\_  
(Address) (City) (State) (Zip)

Phone: \_\_\_\_\_  
(Home) (Cell)

Email Address: \_\_\_\_\_

**Complainant's relationship to the involved child or sibling group:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Involved Child | <input type="checkbox"/> Legal Guardian    | <input type="checkbox"/> Child Advocate          |
| <input type="checkbox"/> Parent         | <input type="checkbox"/> Guardian Ad Litem | <input type="checkbox"/> County or DCFS Employee |
| <input type="checkbox"/> Grandparent    | <input type="checkbox"/> Attorney          | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Relative       | <input type="checkbox"/> Law Enforcement   |  |
| <input type="checkbox"/> Foster Parent  | <input type="checkbox"/> CASA              |  |

**Name(s) of involved child/ren:**

Child 1: \_\_\_\_\_ DOB: \_\_\_\_\_

Child 2: \_\_\_\_\_ DOB: \_\_\_\_\_

Child 3: \_\_\_\_\_ DOB: \_\_\_\_\_

**Names of parents:**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Name of Caseworker/Social Worker: \_\_\_\_\_ Phone: \_\_\_\_\_



**What is your complaint?** (Describe the department's action or inaction you are complaining about. Includes dates of incident.)

**What outcome are you seeking?** (Please be specific.)

◆ This form is for filing a complaint related to Child Protective Services. To report child abuse, please call the [Child Abuse Hotline](#) at 1-800-992-5757. ◆