

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) \_\_\_\_\_