State of Missouri
Office of
Child Advocate

P.O. Box 809
Jefferson City, MO 65102

Toll Free Number:
(866) 457-2302

TDD: (800) 735-2966

We are independent
We operate independently from the Department of Social Services (DSS) and other agencies. We make sure agencies serving families and children are doing their job.

We are impartial.
The Office of Child Advocate acts as an impartial fact-finder. We step in when an agency action or failure to act is unauthorized or unreasonable.

We protect confidentiality.
The Office of Child Advocate will not disclose your identity to the agency without your permission. Our records are confidential.

We work to improve services.
The Office of Child Advocate examines laws, policies, procedures and practices that interfere with effective delivery of services to families and children. We identify issues and recommend appropriate changes in reports to the governor, legislature and agency leaders.

Guidelines for filing a complaint.

The Office of Child Advocate investigates complaints regarding the Children's Division of Department of Social Services. This would involve complaints about an agency action or failure to act in cases involving:

- Any child at risk of abuse, neglect, or other harm.
- A child or family involved with child protection or child welfare services.

To begin an investigation, fill out the complaint form in this document and return it to our office or call our toll free number. The Office of Child Advocate is not an emergency intervention service. If you are calling about a case in need of immediate action, call the Missouri Child Abuse Hotline number 1-800-392-3738, call 911 or call you local law enforcement agency.

When you complaint is received, it will be reviewed by the Office of Child Advocate to determine if an investigation will be conducted.

We will take further action if your complaint meets these criteria:

- The alleged act or failure to act did occur.
- It violated law, DSS/Children's Division policy or procedure. Or—it was clearly unreasonable.
- It was harmful to a child's safety, health, well-being or right to a permanent family. Or—it was harmful to appropriate family preservation, contact or reunification.

If your complaint does not meet these criteria, we will refer you to an agency that can help.

Missouri

Office of
Child Advocate

Complaint Form

_____
Date of complaint

P.O. Box 809
Jefferson City, MO 65102

Toll Free Number:
(866) 457-2302

TDD: (800) 735-2966

last name | first name | middle initial

street address | apt. #

city | state | zip

day phone | evening or message phone

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 process your complaint, provide as much of the requested information as you can. Also be as specific as you can in describing your complaint.

If you are unable to fill out this form for any reason, please contact our office directly.

What is your current relationship to the child or family?

Please choose one

- ☐ Child's Parent
- ☐ Child's Legal Guardian
- ☐ Child's Grandparent
- ☐ Child's Other Relative

specify _____

- ☐ Child's Division Employee
- ☐ Prosecutor's Office
- ☐ CASA/GAL
- ☐ Public Defender or Defense Counsel

specify _____

- ☐ Child
- ☐ Licensed Foster Parent
- ☐ Community Professional or Service Provider

specify _____

- ☐ Other Attorney
- ☐ Law Enforcement Official
- ☐ Other Relationship

specify _____

Optional Information:

- ☐ African American
- ☐ Asian American or Pacific Islander
- ☐ Caucasian
- ☐ Hispanic
- ☐ Native American
- ☐ Other

Who is the child's parent?

If there is more than one parent, please provide this same information for the other parent on an attached sheet of paper.

last name | first name | middle initial

street address | apt. #

city | state | zip

day phone | evening or message phone

Optional Information:

- ☐ African American
- ☐ Asian American or Pacific Islander
- ☐ Caucasian
- ☐ Hispanic
- ☐ Native American
- ☐ Other

To report suspected child abuse or neglect call the Missouri Child Abuse Hotline: 1-800-392-3738

Key to Acronyms

CASA	Court-Appointed Special Advocate
GAL	Guardian ad Litem
DSS	Department of Social Services

Is the parent currently represented by an attorney?

☐ Yes ☐ No ☐ Don't know

Who is the family's current caseworker?

last name _____ first name _____ county _____

Contract? ☐ Yes ☐ No **Caseworker?** _____

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 _____ child's legal first name _____ middle initial _____

Gender: ☐ Female ☐ Male Age: _____ Date of Birth: _____

Optional Information: DCN #: _____

☐ African American ☐ Hispanic

☐ Asian American or Pacific Islander ☐ Native American

☐ Caucasian ☐ Other

Is the child currently represented by CASA or GAL?

☐ Yes ☐ No ☐ Don't know _____

Name of CASA/GAL

With whom does the child reside?

name or agency _____ relationship to child _____

street address _____ apt. # _____

city _____ state _____ zip _____

day phone _____ evening or message phone _____

Who is the subject of your complaint? *Please list one person*

name _____ title or position _____ county _____

Please check this person's agency or profession:

☐ DSS ☐ Judge or Commissioner

☐ Prosecutor's Office ☐ CASA/GAL Program

☐ School ☐ Attorney

specify _____ specify _____

☐ Other Professional or Service Provider ☐ Other

specify _____ specify _____

office street address _____ suite # _____

city _____ county _____

state _____ zip _____ phone _____

To report suspected child abuse or neglect call the Missouri Child Abuse Hotline: 1-800-392-3738

What is your complaint?

Briefly describe the agency action or inaction that you are complaining about and the date or dates of the incident.

Example: "My nephew was placed in foster care on December 16, 2002. My nephew's caseworker 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.*

_____

_____

_____

_____

_____

_____

_____

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 Office of Child Advocate?

Please choose one

- ☐ DSS/Children's Division
- ☐ Prosecutor's Office
- ☐ CASA/GAL
- ☐ Community Professional or Service Provider

  specify _____
- ☐ Auditor's Office
- ☐ Advocacy Groups
- ☐ Media
- ☐ Directory Assistance or Phone Book
- ☐ Governor's or Legislator's Office

  specify _____
- ☐ Other Government Entity

  specify _____
- ☐ Conference, Training or Workshop

  specify _____
- ☐ Internet
- ☐ Other

  specify _____

You have my permission to release my name to DSS/Children's Division for purposes of an investigation of my complaint.

☐ Yes ☐ No