

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

E-Mail: oca@oca.mo.gov

The Office of Child

Advocate (OCA) serves as the third party reviewer to Children's Division and its contractors.

We serve 5 main functions:

1. Review foster care case management;
2. Review unsubstantiated hotline cases;
3. Mediate between parents and schools regarding abuse allegations in a school setting;
4. Review child fatalities for children and families that have had a history with the Children's Division; and
5. Provide information and referrals for families needing services.

To begin a review, fill out the complaint form in this document and return it to our office by mail, e-mail, 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 and Neglect Hotline number: 1-800-392-3738, call 911, or call your local law enforcement agency.

Complaint Form

Date of complaint _____

last name first name middle initial

street address apt. #

city state zip

day phone evening or message phone e-mail address

What is your current relationship to the child or family?

Please choose one

- | | |
|---|--|
| <input type="checkbox"/> Child's Parent | <input type="checkbox"/> Child's Division Employee |
| <input type="checkbox"/> Child's Legal Guardian | <input type="checkbox"/> Prosecutor's Office |
| <input type="checkbox"/> Child's Grandparent | <input type="checkbox"/> CASA/GAL |
| <input type="checkbox"/> Child's Other Relative | <input type="checkbox"/> Juvenile Officer |
| specify _____ | <input type="checkbox"/> Attorney |
| <input type="checkbox"/> Child | <input type="checkbox"/> Law Enforcement Official |
| <input type="checkbox"/> Licensed Foster Parent | <input type="checkbox"/> Other Relationship |
| <input type="checkbox"/> Community Professional or Service Provider | |

specify _____

specify _____

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

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 #: _____

- | | |
|---|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> American Indian/Native Alaskan | |

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

What is your complaint?

Briefly describe your concern.

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

- | | |
|---|--|
| <input type="checkbox"/> DSS/Children’s Division | <input type="checkbox"/> Governor’s or Legislator’s Office |
| <input type="checkbox"/> Prosecutor’s Office | specify _____ |
| <input type="checkbox"/> CASA/GAL | <input type="checkbox"/> Other Government Entity |
| <input type="checkbox"/> Community Professional or Service Provider | specify _____ |
| specify _____ | <input type="checkbox"/> Conference, Training or Workshop |
| <input type="checkbox"/> Auditor’s Office | specify _____ |
| <input type="checkbox"/> Advocacy Groups | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Media | <input type="checkbox"/> Other |
| <input type="checkbox"/> Directory Assistance or Phone Book | specify _____ |

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

- Yes No