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
☐ Child’s Parent ☐ Child’s Division Employee
☐ Child’s Legal Guardian ☐ Prosecutor’s Office
☐ Child’s Grandparent ☐ CASA/GAL
☐ Child’s Other Relative ☐ Juvenile Officer
specify ________________________________ ☐ Attorney
☐ Child ☐ Law Enforcement Official
☐ Licensed Foster Parent ☐ Other Relationship
☐ 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.

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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 #: ____________

☐ Asian ☐ Native Hawaiian/Other Pacific Islander
☐ Black or African American ☐ White
☐ Hispanic or Latino ☐ Two or more races
☐ 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.

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
- Governor’s or Legislator’s Office
- Prosecutor’s Office
- Other Government Entity
- CASA/GAL
- Conference, Training or Workshop
- Community Professional or Service Provider
- specify
- Internet
- specify
- Media
- Other
- specify
- Directory Assistance or Phone Book

You have my permission to release my name to DSS/Children’s Division for purposes of an investigation of my complaint.
- Yes
- No