## OFFICE OF THE INSPECTOR GENERAL

Illinois Department of Children And Family Services 2240 W. Ogden Ave., Chicago, IL 60612 (312) 433-3000, Fax: (312) 433-3032

## **REQUEST FOR INVESTIGATION**

(Please print or type/attach additional sheets if necessary)

1.	Your Name			
	Street			Apt
	City		State	Zip
	Daytime Phone		Evening Ph	one
	Child(ren) Involved:			
	Child's Name			Birthdate
	Foster Home or Other Pla	cement		
	Street			_ City
	State		Zip	Phone
b.	Child's Name			
	Foster Home or Other Pla	cement		
	Street			_ City
	State		Zip	Phone
	Child's Name			Dinth data
c.	Child's Name			
	Foster Home or Other Pla			
	StreetState		7:	_ City
	State		Zıp	Phone
	DCFS Private Agency Name of Private Agency Name of Supervisor, if kn	or Contractor _		
	Street			
	State		Zip	Phone
4.	attempted to resolve this	s issue with th	e supervisor or priv	ters or supervisors. Have you rate agency Director?
5a.	Have you attempted to r Process? Yes □ No □			Appeal or other Administrative
5b.	Are the facts of this com	plaint the sul	pject of a pending co	ourt or administrative case?
	Divorce/Custody	□ Yes	□ No	
	Paternity	☐ Yes	□ No	
	Child Support	☐ Yes	□ No	
	Cima Support	<b>—</b> 1 C3	<b>–</b> 110	

6.	The OIG may only investigate wrongdoing of DCFS employees, private agencies, or private agency employees, contractors, and foster parents. Please describe what DCFS or its contracting agency did or failed to do that you believe may have been improper. Be as specific as possible and include information such as dates, times, places, names, and telephone numbers or other persons involved. Attach copies of any documents that support your complaint.

<b>NOTE</b> In the course of conducting its invest scope of the investigation will not necessar reports only to the Director of DCFS and the	igation, the OIG will examine all facts relevant to this case. The ily be limited to the issues raised in your complaint. The OIG e Governor.
Date	Signature (not necessary if submitting form by email)

## PLEASE RETURN THIS FORM VIA ONE OF THE FOLLOWING METHODS:

## MAIL or IN PERSON DELIVERY:

INTAKE DEPARTMENT
Office of the Inspector General
Department of Children and Family Services
2240 West Ogden Avenue
Chicago, IL 60612

INTAKE DEPARTMENT
Office of the Inspector General
Department of Children and Family Services
4 West Old State Capitol Plaza
Springfield, IL 62701

FAX: ATTN: INTAKE DEPARTMENT at (312) 433-3032

**EMAIL**: Please note, messages sent to this email address are <u>not encrypted and therefore not completely secure</u>. The most secure method we can currently offer is by in person delivery, mail or fax. To email, click this address and attach the form to: DCFS.OIG.COMPLAINT@ILLINOIS.GOV