

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 Phone _____
 Your relationship to Child(ren) Involved _____

2. The OIG may only investigate wrongdoing of DCFS employees, private agencies, or private agency employees 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.

3. Child(ren) Involved:

a. Child’s Name _____ Birthdate _____
 Foster Home or Other Placement _____
 Street _____ City _____
 State _____ Zip _____ Phone _____

b. Child's Name _____ Birthdate _____
Foster Home or Other Placement _____
Street _____ City _____
State _____ Zip _____ Phone _____

c. Child's Name _____ Birthdate _____
Foster Home or Other Placement _____
Street _____ City _____
State _____ Zip _____ Phone _____

4. Name of DCFS Caseworker _____
Name of DCFS Supervisor, if known _____
Address _____
Telephone Number _____

5. Name of agency contracting with DCFS (if applicable) _____
Name of Private Agency Caseworker _____
Name of Private Agency Supervisor, if known _____
Address _____
Telephone Number _____

6. Complainants are encouraged to resolve issues with DCFS workers or private agency workers or with the DCFS supervisor or the Director of the private agency involved.

Have you attempted to resolve this issue with the supervisor/private agency Director?

Yes _____ Date _____ No _____ Explain _____

7a. Have you attempted to resolve this issue through Service Appeal? Yes _____ No _____
Please explain _____

7b. Are the facts of this complaint the subject of a pending court case:

Divorce/Custody	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Paternity	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Child Support	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

(Be advised that the OIG does not have jurisdiction over Court orders or decisions and procedures. We do not investigate issues that can be resolved through the service appeal process unless the subject of the complaint is the service appeal process itself.)

NOTE: In the course of conducting its investigation, the OIG will examine all facts relevant to this case. The scope of the investigation will not necessarily be limited to the issues raised in your complaint. The OIG will investigate any and all matters that fall within its jurisdiction. It is possible that our investigation will not be resolved to your satisfaction. If a report is completed as a result of your complaint, the report is submitted to the Director of DCFS and is not necessarily shared with the complainant.

Date

Signature

PLEASE RETURN TO:

Bill Andersen, Office of the Inspector General, Department of Children and Family Services, 2240 West Ogdan Avenue, Chicago, Illinois 60612