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. **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 _____

3. **Name of Staff Person** _____
   Does the staff person work for DCFS a Private Agency, or a Contractor?
   DCFS ☐ Private Agency ☐ Contractor ☐
   Name of Private Agency or Contractor _____
   Name of Supervisor, if known _____
   Street _____ City_____
   State _____ Zip _____ Phone _____

4. **Complainants are encouraged to resolve issues with workers or supervisors. Have you attempted to resolve this issue with the supervisor or private agency Director?**
   Yes ☐ Date _____ No ☐ If yes, please explain: _____
   _____
   _____

5a. **Have you attempted to resolve this issue through Service Appeal or other Administrative Process?** Yes ☐ No ☐ If yes, please explain: _____
   _____
   _____

5b. **Are the facts of this complaint the subject of a pending court or administrative case?**

Divorce/Custody	☐ Yes	☐ No
Paternity	☐ Yes	☐ No
Child Support	☐ Yes	☐ No

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.**

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 reports only to the Director of DCFS and the Governor.

Date

Signature

PLEASE RETURN THIS FORM VIA ONE OF THE FOLLOWING METHODS:

MAIL

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

OR

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