## 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   |   |
|    | Daytime Phone   |   |   |
|    | Your relationship to Child(ren) Involved  |   |   |
| 2. | The OIG may only investigate wrongdoremployees and foster parents. Please design you believe may have been improper. Be a places, names, and telephone numbers of support your complaint. | oing of DCFS employees, cribe what DCFS or its cors specific as possible and in | private agencies, or private agency<br>attracting agency did or failed to do that<br>anclude information such as dates, times |
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|    |   |   |   |
| 3. | Child(ren) Involved: . Child's Name   |   | Birthdate   |
| и  | Foster Home or Other Placement  |   |   |
|    | Street  |   | City  |
|    | State   |   | Phone   |

|              | Child's Name  |  |                          |  |  |  |
|--------------|---|--|--------------------------|--|--|--|
|              | Foster Home or Other Pl   |  |                          |  |  |  |
|              | StreetState   |  | 7ir                      | <u> </u>                                     | CityPhone  |  |
|              |   |  |                          |  |  |  |
| С.           | Child's Name Foster Home or Other Pl  | acement  |                          |  | Birthdate  |  |
|              | Street  |  |                          |  | City   |  |
|              | StreetState   |  | Zip                      |  | Phone  |  |
| 4.           | Name of DCFS Casewor  | ker  |                          |  |  |  |
|              | Name of DCFS Supervis   | or, if known _   |                          |  |  |  |
|              | Address   |  |                          |  |  |  |
|              | Telephone Number  |  |                          |  |  |  |
| 5.           | Name of agency contract   | ing with DCFS  | (if a                    | oplicable)                                   |  |  |
|              | Name of Private Agency Caseworker   |  |                          |  |  |  |
|              | Name of Private Agency  | Supervisor, if   | know                     | n  |  |  |
|              | 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. |  |                          |  |  |  |
|              | -   |  |                          | _  | sor/private agency Director?   |  |
| 7a.          | Have you attempted to re Please explain   |  |                          |  | Appeal? Yes No   |  |
| 7b.          | Are the facts of this complaint the subject of a pending court case:  |  |                          |  |  |  |
|              | Divorce/Custody   | □ Yes  |                          | No   |  |  |
|              | Paternity   | □ Yes  |                          | No   |  |  |
|              | Child Support   | □ Yes  |                          | No   |  |  |
|              |   | be resolved the  |                          |  | ourt orders or decisions and procedures. We do not appeal process unless the subject of the complaint  |  |
| scoj<br>invo | pe of the investigation wi<br>estigate any and all matter   | ll not necessari<br>rs that fall with<br>If a report is co | ly be<br>in its<br>imple | limited to the jurisdiction. ted as a result | will examine all facts relevant to this case. The is issues raised in your complaint. The OIG will It is possible that our investigation will not be to f your complaint, the report is submitted to the blainant. |  |
| <u>D</u> :   |   |  | <u>G.</u>                |  |  |  |
| Dat          | E.  |  | 518                      | nature                                       |  |  |
| DT 1         | A CE DEWLIDAL TO  |  |                          |  |  |  |

PLEASE RETURN TO:

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