

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

