

**DCFS ADVOCACY OFFICE
YOUTH ISSUES AND CONCERNS**

Please Print:

First Name: _____ Last Name: _____

Date of Birth: ___/___/_____ Phone Number
of Cottage/Home: (____) _____ - _____

Agency: _____

Address or living arrangement: _____

Please note that the Advocacy Office hours are Monday through Friday 8:30AM to 5:00PM

Best time to reach you: _____ AM PM

Please complete the issue or concern for yourself, IF filling out for someone else, please include their name and if possible their contact phone number.

When did the incident/concern take place? _____

What would you like done to correct the situation?

Was it reported: Yes No

Who was it reported to: _____

Did you call the Child Abuse/Neglect hotline number 1-800-252-2873? Yes No

CONFIDENTIALITY: Staff will protect your privacy, if possible.

Is there anyone that you don't wish this information to be shared with? _____

The information you share will be reviewed by the DCFS Advocacy Office. It is possible that the Advocacy Office and/or staff person at the meeting will be making calls to your placement, caregivers and staff to discuss the situation.

I promise that the information I have provided on this form is true to the best of my knowledge.

Signature: _____

Date: _____

This Page to be completed by YAB/DCFS Staff after reviewing page with Youth in Care

Date of Meeting: ____ / ____ / ____

Youth's ID#: _____

Meeting Location (Circle):

- | | | | |
|---------|-------------|----------------|-------------------|
| Chicago | Springfield | Urbana | Peoria |
| Aurora | Mt. Vernon | East St. Louis | Statewide Meeting |

Caseworker: _____

Supervisor: _____

Youth Advisory Board Staff and/or Transition Manager:

Any allegations of child abuse or neglect must be reported immediately in accordance with the Abused and Neglected Child Reporting Act. Safety issues and other concerns may also require immediate follow up. Please explain any actions you have taken, as well as the result of that action, before forwarding this form to the Advocacy Office for assignment for follow up. Advocacy Office staff may fulfill this responsibility if they are present at the meeting.

Date Forwarded to the Advocacy Office: ____ / ____ / ____

____ *Reminder must be in by 10:00AM next business day.*

Signature of Staff Person Completing this portion of the form (at least one signature is required):

Youth Advisory Board Staff: _____

Transition Manager: _____

and/or

Advocacy Office Staff Present (if present at Meeting) _____