



6840 Fort Dent Way, Suite 125  
Tukwila, WA 98188

Phone: (206) 439-3870  
or (800) 571-7321

TTY: (206) 439-3789

FAX: (206) 439-3877

Internet Web Site:  
ofco.wa.gov

### **We are independent.**

The Ombuds is part of the Governor's Office. We operate independently from the Department of Social and Health Services (DSHS) and other agencies. We make sure agencies serving families and children are doing their job.

### **We are impartial.**

The Ombuds acts as an impartial fact-finder. We step in when an agency action or failure to act is unauthorized or unreasonable.

### **We protect confidentiality.**

The Ombuds will not disclose your identity to the agency without your permission. Our records are confidential by law and cannot be obtained through public disclosure, civil discovery, or court subpoena.

### **We work to improve services.**

The Ombuds examines laws, policies, procedures, and practices that interfere with effective delivery of services to families and children. We identify issues and recommend appropriate changes in reports to the governor, legislature and agency leaders.

# Guidelines for filing a complaint.

The Office of the Family and Children's Ombuds investigates complaints about an agency action or failure to act in cases involving:

- Any child at risk of abuse, neglect, or other harm.
- A child or family involved with child protection or child welfare services.

To begin an investigation fill out the complaint form in this document and return it to our office. If you believe an agency has placed a child or parent at risk of imminent harm—especially if a child's safety is involved—don't wait. Call our office and ask for immediate help.

We will contact you by phone or letter within 15 working days of receiving your complaint. The ombuds will review agency records and interview others as necessary.

When the investigation is complete, it will be reviewed by an Ombuds team that includes social workers and attorneys.

### **We will take further action if your complaint meets these criteria:**

- The alleged act or failure to act did occur.
- It violated law, policy or procedure.  
Or—it was clearly unreasonable.
- It was harmful to a child's safety, health, well-being, or right to a permanent family.  
Or—it was harmful to appropriate family preservation, contact, or reunification.

If your complaint does not meet these criteria, we will refer you to an agency that can help.

### **Examples of complaints we investigate:**

Two toddlers often wander unsupervised in an apartment complex. A neighbor worries about their safety and calls Child Protective Services (CPS). Day after day, the toddlers continue to wander unattended. After several more calls to CPS and no response, the neighbor finally calls the Ombuds.

CPS removes three children from their home and places them in foster care. Within a month, the parents provide CPS with the names of several relatives who they would like to be considered for placement of the children. Six months later, the children remain in foster care and the agency informs the parents that home studies on the relatives have not yet been completed. The parents call the Ombuds.

**To report suspected child abuse or neglect call 911** or contact Child Protective Services at 1-(866)-ENDHARM or 1-(866)-363-4276.

# Other places to go for help.

## AGING AND ADULT SERVICES

Health and safety concerns involving vulnerable adults in their own homes:  
**DSHS Adult Protective Services**  
1-(800)-422-3263

Health and safety concerns involving residents in long-term care facilities:  
**DSHS Residential Care Services Hotline**  
1-(800)-562-6078

Independent mediation and advocacy for residents in long-term care facilities:  
**Long Term Care Ombudsman**  
1-(800)-562-6028

## CHILDREN AND FAMILY SERVICES

**Child Care**  
Information and referrals on licensed child care providers:  
**WA State Child Care Resource and Referral Network**  
1-(800)-446-1114

Child safety concerns involving licensed child care facilities or homes:  
**CPS 24-Hour Hot Line**  
1-(800)-562-5624

**Families in Conflict**  
Crisis intervention counseling for families in conflict:  
**DSHS Children's Administration 24-hour Hot Line**  
1-(800)-422-7556

Information and complaints involving family assessment and counseling services; At-Risk Youth (*ARY*) petitions; and Child in Need of Services (*CHINS*) petitions:  
**DSHS Children's Administration Constituent Relations**  
1-(800)-723-4831

**Juvenile Rehabilitation**  
Inquiries, referrals and complaints:  
**DSHS Constituent Services**  
1-(800)-737-0617

**Missing and Runaway Children**  
Confidential inquiries and referrals for parents and runaway youth:  
**National Runaway Switchboard**  
1-(800)-621-4000

Inquires relating to missing children:  
**Washington State Patrol Missing Children Clearinghouse**  
1-(800)-543-5678

**Sexually Aggressive Youth**  
Inquiries and complaints:  
**DSHS Children's Administration Constituent Relations**  
1-(800)-723-4831

## CHILD SUPPORT SERVICES

Information and complaints:  
**DSHS Office of Support Enforcement**  
1-(800)-457-6202

## DEVELOPMENTAL DISABILITY SERVICES

Inquiries and referrals on community programs, children's services and housing:  
**Developmental Disabilities Council**  
1-(800)-634-4473

## DOMESTIC VIOLENCE AND SEXUAL ASSAULT SERVICES

Inquiries and referrals to local programs and shelters:  
**WA State Domestic Violence 24-Hour Hotline**  
1-(800)-562-6025

Inquiries and referrals to local services:  
**DCTED Crime Victims Advocacy**  
1-(800)-822-1067

## LEGAL SERVICES FOR FAMILIES AND CHILDREN

Information and referrals:  
**Coordinated Legal Education, Advice and Referral system (CLEAR)**  
1-(888)-201-1014  
1-(206)-464-1519 [*King Co.*]

Information and referrals:  
**Northwest Women's Law Center**  
1-(206)-621-7691

Information, referrals and advocacy for people with developmental, physical or mental disabilities:  
**Washington Protection and Advocacy System (WPAS)**  
1-(800)-562-2702  
1-(800)-908-0209 [*TTY*]

## MENTAL HEALTH SERVICES

Information and referrals:  
**DSHS Consumer Affairs**  
1-(800)-446-0259

Complaints:  
**DSHS Constituent Services**  
1-(800)-737-0617

## EDUCATION SERVICES

**Office of the Superintendent for Public Instruction, Special Education Ombudsman**  
1-(360)-725-6075

Mediation services for parents and local school districts:  
**Sound Options Mediation and Training Group**  
1-(800)-692-2540

**Office of the Education Ombuds**  
1-(866)-297-2597

## SUBSTANCE ABUSE TREATMENT SERVICES

Information and referrals:  
**DSHS Alcohol/Drug 24-Hour Help Line**  
1-(800)-562-1240

Complaints:  
**DSHS Constituent Services**  
1-(800)-737-0617

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**Instructions.**

If you wish to file a complaint, please read this form first, then fill it out and return it to our office at the address above. To help us process your complaint, provide as much of the requested information as you can. Also be as specific as you can in describing your complaint.

**If you believe your concern requires immediate attention, call us.**

A child or family may be at risk of imminent harm because of an agency action or failure to act. In this situation, call our office and ask for immediate help.

**If you are unable to fill out this form for any reason, please contact our office directly.**

We can provide an interpreter or accommodate disabilities. If there is any other barrier to communication or access to our services, please contact our office.

# Complaint Form

\_\_\_\_\_ date of complaint

last name	first name	middle initial
street address		apt. #
city	state	zip
day phone	evening or message phone	
email address		

What is your current relationship to the child or family?  
Please choose one:

- |   |   |
|---|---|
| <input type="checkbox"/> Child's Parent         | <input type="checkbox"/> DSHS Employee                      |
| <input type="checkbox"/> Child's Legal Guardian | <input type="checkbox"/> Attorney General's Office          |
| <input type="checkbox"/> Child's Grandparent    | <input type="checkbox"/> CASA/GAL                           |
| <input type="checkbox"/> Child's Other Relative | <input type="checkbox"/> Public Defender or Defense Counsel |

\_\_\_\_\_ specify

\_\_\_\_\_ specify office

- |   |   |
|---|---|
| <input type="checkbox"/> Child                                      | <input type="checkbox"/> Other Attorney           |
| <input type="checkbox"/> Licensed Foster Parent                     | <input type="checkbox"/> Law Enforcement Official |
| <input type="checkbox"/> Community Professional or Service Provider | <input type="checkbox"/> Other Relationship       |

\_\_\_\_\_ specify

\_\_\_\_\_ specify

Optional Information:

- |   |   |
|---|---|
| <input type="checkbox"/> African American                 | <input type="checkbox"/> Caucasian          |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic           |
| <input type="checkbox"/> Asian American                   | <input type="checkbox"/> Multi-Racial _____ |
| <input type="checkbox"/> Native Hawaiian Pacific Islander | <input type="checkbox"/> Other _____        |

Primary Language \_\_\_\_\_

Do you need interpretation or translation services?  Yes  No

To report suspected child abuse or neglect call 911 or contact Child Protective Services at 1-(866)-ENDHARM or 1-(866)-363-4276.

**Who is the parent(s)?**

\_\_\_\_\_  
last name first name middle initial

\_\_\_\_\_  
last name first name middle initial

*Optional Information:*

- |   |   |
|---|---|
| <input type="checkbox"/> African American                 | <input type="checkbox"/> Caucasian          |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic           |
| <input type="checkbox"/> Asian American                   | <input type="checkbox"/> Multi-Racial _____ |
| <input type="checkbox"/> Native Hawaiian Pacific Islander | <input type="checkbox"/> Other _____        |

*Primary Language:* \_\_\_\_\_

**Is the parent currently represented by an attorney?**

- Yes       No       Don't know

**Who is the child?**

If there is more than one child in the family, please provide this same information for the other children on an attached sheet of paper.

\_\_\_\_\_  
child's legal last name legal first name middle initial

Gender:  Female    Male    Age: \_\_\_\_\_    Date of Birth: \_\_\_\_\_

*Optional Information:*

- |   |   |
|---|---|
| <input type="checkbox"/> African American                 | <input type="checkbox"/> Caucasian          |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic           |
| <input type="checkbox"/> Asian American                   | <input type="checkbox"/> Multi-Racial _____ |
| <input type="checkbox"/> Native Hawaiian Pacific Islander | <input type="checkbox"/> Other _____        |

*Primary Language:* \_\_\_\_\_

**Is the child currently represented by a CASA or GAL?**

- Yes       No       Don't know

**Is the child currently represented by an attorney?**

- Yes       No       Don't know

**With whom does the child reside?**

\_\_\_\_\_  
name or agency relationship to child

**Key to Acronyms**

CASA..... Court-Appointed  
Special Advocate

GAL..... Guardian  
ad Litem

CASA/GAL... Court-Appointed  
Special Advocate  
or Guardian  
ad Litem

DSHS..... Department of  
Social and  
Health Services

CPS..... Child Protective  
Services

CWS ..... Child Welfare  
Services

DCFS ..... Division of  
Children and  
Health Services

DLR ..... Division of  
Licensed  
Resources

**Who is the family's current DSHS caseworker?**

\_\_\_\_\_ last name first name

**If your complaint involves a DSHS caseworker:**

You have the right to contact the caseworker's supervisor, the area manager and the regional administrator with your complaint.

You also have the right to contact the DSHS Children's Administration Office of Constituent Relations in Olympia at: **1-(800)-723-4831.**

**Who is the subject of your complaint? Please list one person.**

\_\_\_\_\_ name title or position

Please check this person's agency or profession:

DSHS

\_\_\_\_\_ specify

Other Professional or Service Provider

\_\_\_\_\_ specify

\_\_\_\_\_ office street address suite #

\_\_\_\_\_ city state zip

**Example:** "My nephew was placed in foster care. My nephew's caseworker is refusing to place him with me because my husband has a criminal record."

**What is your complaint?**

Briefly describe the agency action or inaction that you are complaining about and the date or dates of the incident.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To report suspected child abuse or neglect call 911 or contact Child Protective Services at 1-(866)-ENDHARM or 1-(866)-363-4276.**

**Please describe the reason you think the agency action or inaction was wrong or unreasonable?**

Include as many facts as you can. If you need more room, you may attach additional sheets of paper and submit materials or copies of documents that support your complaint. *Please do not send original documents.*

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**What action are you seeking to resolve your complaint?**

Please be as specific as you can.

**Example:** "I want the caseworker to reconsider letting my nephew live with me."

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**How did you hear about the Family and Children's Ombuds?**

- |   |   |
|---|---|
| <input type="checkbox"/> DSHS                                       | <input type="checkbox"/> Directory Assistance or Phone Book |
| <input type="checkbox"/> Friend                                     | <input type="checkbox"/> Governor's or Legislator's Office  |
| <input type="checkbox"/> Family Member                              | _____   |
| <input type="checkbox"/> CASA/GAL                                   | <i>specify office</i>                                       |
| <input type="checkbox"/> Attorney General's Office                  | <input type="checkbox"/> Conference, Training or Workshop   |
| <input type="checkbox"/> Community Professional or Service Provider | _____   |
| _____   | <i>specify</i>  |
| <input type="checkbox"/> Media                                      | <input type="checkbox"/> Other                              |
| <input type="checkbox"/> Internet                                   | _____   |
|   | <i>specify</i>  |