



Commonwealth of Virginia  
Office of the Children's Ombudsman  
1111 E. Broad Street, Suite B042  
Richmond, VA 23219

**FOR OCO OFFICE USE ONLY**

Received \_\_\_\_\_ by \_\_\_\_\_

Submission method:

☐ Mail ☐ E-mail ☐ Telephone

File No. \_\_\_\_\_

## COMPLAINT FORM

(Information provided is subject to the confidentiality and disclosure provisions of Va. Code § 2.2-446.)

**Instructions:** If you have already attempted to resolve your complaint and you wish to file a complaint, please complete the following form and return it to the Office of the Children's Ombudsman at the above address or by scanning it and sending it by e-mail to [complaints@oco.virginia.gov](mailto:complaints@oco.virginia.gov). If you have an emergency regarding the safety of a child, contact the statewide child abuse reporting hotline at 1-800-552-7096 as the Office of the Children's Ombudsman does not handle emergency situations.

How did you hear about the Office of the Children's Ombudsman? \_\_\_\_\_

### COMPLAINANT INFORMATION

Name		
Address (number and street, city, state, and ZIP code)		
E-mail address	Telephone number(s)	Your relationship to the child(ren)

### AGENCY INFORMATION

Name of agency	County/City where agency is located
Name(s) of Case Worker, Family Services Specialist, Supervisor or other staff involved	
Type of Case	
<input type="checkbox"/> CPS Family Assessment or Investigation <input type="checkbox"/> CPS In-home/Prevention Services <input type="checkbox"/> Unknown	
<input type="checkbox"/> Foster Care/Permanency/Adoption <input type="checkbox"/> Other: _____	

### CHILD/CHILDREN INFORMATION

Name of Child(ren)	Date of Birth (month, day, year)	Person(s) with whom the child resides and their relationship to child(ren)

### INFORMATION ON OTHER ADULTS INVOLVED IN THE CASE: INCLUDE RELATIVES, ATTORNEYS, CASA, GUARDIAN AD LITEM

Name	Relationship to Child(ren)

**The Office of the Children's Ombudsman may investigate and attempt to resolve a complaint alleging that an administrative act taken by the Virginia Department of Social Services, a local department of social services, or a child-placing agency was (i) contrary to law, rule, or policy; (ii) imposed without an adequate statement of reason; or (iii) based on irrelevant, immaterial, or erroneous grounds. Briefly describe your complaint. Include a description of any laws, rules, or policies that you believe were violated, if known.**

List any steps you have taken to try to resolve your complaint.

Is there a pending Court action or a pending Administrative Review regarding this matter? If so, please describe the status.

What would you consider a reasonable resolution to your complaint?

**IMPORTANT:** Pursuant to Va. Code § 2.2-446, records of the Office of the Children's Ombudsman are confidential. In some instances, your identity and any information you provide may have to be disclosed to resolve your complaint. Can we disclose your identity and any information you provide if it is deemed necessary to resolve your complaint?

**Initial on the appropriate line:**

\_\_\_\_\_ Yes, I consent to the sharing of my identity and information provided herein.

\_\_\_\_\_ No, I do not consent to the sharing of my identity or information provided herein.

**Please sign below to certify that all information provided herein is true and accurate to the best of your knowledge:**

**Signature**

**Date signed (month, day, year)**

**Printed name**

The information provided in complaints submitted and any additional information requested is subject to the Virginia Government Data Collection and Dissemination Practices Act, Virginia Code § 2.2-3800 *et seq.*

All statements, documentation, and other evidence received or maintained by this Office or its agents in connection with complaints made to or investigations undertaken pursuant to the Ombudsman's powers enumerated in Virginia Code § 2.2-442 shall be confidential and not subject to the Virginia Freedom of Information Act (§ 2.2-3700 *et seq.*) and are not discoverable in legal proceedings.