



6720 Fort Dent Way, Suite 240
Tukwila, WA 98188

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

TTY: (206) 439-3789

FAX: (206) 439-3877

Internet Web Site:
www.governor.wa.gov/ofco

We are independent.

The Ombudsman 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 Ombudsman 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 Ombudsman 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 Ombudsman 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 Ombudsman 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 begin an investigation within 15 working days of receiving your complaint. An ombudsman will be assigned to lead the investigation and will contact you to discuss your case. The ombudsman will review agency records and interview others.

When the investigation is complete, it will be reviewed by an Ombudsman 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 Ombudsman.

A 13 year-old is switched to a new school after being placed in a foster home in another school district. The girl's teacher believes this change will seriously disrupt her progress and works with the caseworker to keep the girl in her old school. However, the superintendent refuses to allow her to stay at that school. The caseworker contacts the Ombudsman.

To report suspected child abuse or neglect call 911 or contact Child Protective Services at 1-(800)-562-5624.

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

SPECIAL EDUCATION SERVICES

Information and referrals:
Office of the Superintendent for Public Instruction
1-(360)-753-6733

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

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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Office of the
Family & Children's
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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 this is an emergency situation, call us immediately.

The Ombudsman defines an emergency as a child or family 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

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"/> Hispanic |
| <input type="checkbox"/> Asian American or Pacific Islander | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other |

Primary Language: _____

To report suspected child abuse or neglect call 911 or contact Child Protective Services at 1-(800)-562-5624.

Please detach form along perforation.)

Who is the parent?

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

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

Optional Information:

<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Asian American or Pacific Islander	<input type="checkbox"/> Native American
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other

Primary Language: _____

Is the parent currently represented by an attorney?

Yes No Don't know

Who is the family's current caseworker?

last name	first name
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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
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Gender: Female Male Age: _____ Date of Birth: _____

Optional Information:

<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Asian American or Pacific Islander	<input type="checkbox"/> Native American
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other

Primary Language: _____

Is the child currently represented by CASA or GAL?

Yes No Don't know

Is the child currently represented by an attorney?

Yes No Don't know

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

With whom does the child reside?

_____		_____	
name or agency		relationship to child	
_____		_____	
street address		apt. #	
_____		_____	
city	state	zip	
_____		_____	
day phone		evening or message phone	

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. To get help in identifying these individuals contact DSHS at: **1-(800)-333-8185.**

You also have the right to contact the DSHS 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:

- | | |
|--|--|
| <input type="checkbox"/> DSHS | <input type="checkbox"/> Judge or Commissioner |
| <input type="checkbox"/> Attorney General's Office | <input type="checkbox"/> CASA/GAL Program |
| <input type="checkbox"/> School | <input type="checkbox"/> Attorney |

specify

- Other Professional or Service Provider

- Other

specify

specify

_____		_____	
office street address		suite #	

_____		_____	
city		county	

_____		_____	
state	zip	phone	

Example: "My nephew was placed in foster care on December 16, 2000. 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.

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.*

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."

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

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