

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

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.

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 Ombudman.

**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
Ombudsman

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		
What is your current relationship to the or Please choose one:	child or family?		
Child's Parent	DSHS Employee		
Child's Legal Guardian	Attorney Genera	al's Office	
Child's Grandparent	CASA/GAL		
Child's Other Relative	Public Defender or Defense Cour		
specify	specify office		
Child	Other Attorney		
Licensed Foster Parent	Law Enforcemen	nt Official	
Community Professional or Service Provider	Other Relations	nip	
specify	specify		
Optional Information:			
African American  American Indian or Alaska Native  Asian American  Native Hawaiian Pacific Islander	Caucasian Hispanic Multi-Racial Other		
Primary Language			
Do you need interpretation or transla	tion services?	es No	

### Who is the parent(s)?

name or agency

last name	first name	middle initial	
last name	first name	middle initial	
Optional Information:  African American	Courseion		
American American  American Indian or Alaska Native  Asian American  Native Hawaiian Pacific Islander		nl	
Primary Language:			
Is the parent currently represented by a	an attorney? Don't know		Key to Acronyms  CASACourt-Appointed  Special Advocate
Who is the child?	f		GAL Guardian ad Litem
If there is more than one child in the information for the other children on	an attached sheet	of paper.	CASA/GAL Court-Appointed Special Advocate or Guardian
child's legal last name  Gender: Female Male Age: _	legal first name  Date of Bir	middle initial	ad Litem  DSHS Department of Social and Health Services
Optional Information:  African American  American Indian or Alaska Native	Caucasian Hispanic		CPSChild Protective Services
Asian American Native Hawaiian Pacific Islander	Multi-Racia	al	CWSChild Welfare Services
Primary Language:  Is the child currently represented by a	CASA or GAL?		DCFS Division of Children and Health Services
Yes Dor	ı't know		DLR Division of Licensed
Is the child currently represented by a	n attorney?		Resources
Yes No Dor	ı't know		
With whom does the child reside?			

relationship to child

### last name first name If your complaint involves Who is the subject of your complaint? Please list one person. a DSHS caseworker: You have the right to name title or position contact the caseworker s supervisor, the area manager Please check this person's agency or profession: and the regional administrator with your complaint. **DSHS** Judge or Commissioner You also have the right CASA/GAL Program to contact the DSHS specify Children's Administration Office of Constituent Relations Other Professional or in Olympia at: Service Provider 1-(800)-723-4831. specify office street address suite # city state zip Example: "My nephew was What is your complaint? placed in foster care. Briefly describe the agency action or inaction that you are complaining My nephew's caseworker about and the date or dates of the incident. is refusing to place him with me because my husband has a criminal record."

Who is the family's current DSHS caseworker?

**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,

additional sheets of paper and	an. If you need more room, you may attach submit materials or copies of documents ease do not send original documents.	
What action are you seeking to resolve your complaint? Please be as specific as you can.		<b>Example:</b> "I want the caseworked to reconsider letting my nephew live with me."
How did you hear about the Fami	ly and Children's Ombudsman?	
DSHS	Directory Assistance or Phone Book	
Friend		
Family Member	Governor's or Legislator's Office	
CASA/GAL	specify office	
Attorney General's Office	Conference, Training or	
Community Professional or Service Provider	Workshop	
specify	specify	
Media	Other	
Internet		
	specify	

