



Foster Care Ombudsperson Complaint Form

Department of Social Services

Office of the Foster Care Ombudsperson

B-5844 (5/2019)

If efforts to resolve your complaint with your caseworker and/or supervisor have been unsuccessful, and you wish to file a complaint, please contact the Foster Care Ombudsperson at Foster Care Ombudsperson, 95 Franklin Street, Room 862, Buffalo, New York 14202, or email at fostercarehelp@erie.gov.

COMPLAINANT INFORMATION	
NAME	TELEPHONE NUMBER
ADDRESS (Number and Street, City, State and Zip Code)	
EMAIL ADDRESS	RELATIONSHIP TO CHILDREN

CASE INFORMATION
NAME OF CASEWORKER, SUPERVISOR AND/OR ANY OTHER STAFF INVOLVED
TYPE OF CASE
<input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption <input type="checkbox"/> Other: _____

CHILD / CHILDREN INFORMATION			
NAME OF CHILD(REN)	DATE OF BIRTH	PERSON WITH WHOM CHILD RESIDES	RELATIONSHIP

INFORMATION ON OTHER ADULTS INVOLVED		
NAME	PHONE NUMBER	RELATIONSHIP

COMPLAINT

The Foster Care Ombudsperson may receive, investigate, and attempt to resolve any complaint associated with foster care alleging that the Department of Social Services or a Voluntary Agency contracted with the Department of Social Services, by action or omission, failed to protect the physical or mental health or safety of any child or failed to follow specific laws, rules, or written policies. Within this context, **briefly describe your complaint.**

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List the steps you have taken to resolve your complaint:

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Please describe what you would consider a reasonable resolution to your complaint:

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SIGNATURE

I hereby acknowledge that the Foster Care Ombudsperson may use my name when discussing my complaint with the caseworker and/or his or her supervisor.

Please note that your complaint will be investigated with care and that there will be no retaliation associated with your filing a claim.

SIGNATURE

DATE SIGNED

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PRINTED NAME

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