



COMPLAINT FORM

◆ Dispute Resolution for Children and Families ◆

If you wish to file a complaint related to the Clark County Department of Family Services, please complete this form and return it to the Ombudsman by email at evanst@co.clark.nv.us or fax at (702) 455-3558. Please be specific in describing your complaint. If you have questions, contact the Ombudsman at 1 (866) 780-9541.

Name of Complainant: _____
(First) (MI) (Last)

Home Address: _____
(Address) (City) (State) (Zip)

Phone: _____
(Home) (Cell)

Email Address: _____

Complainant's relationship to the involved child or sibling group:

- | | | |
|---|--|---|
| <input type="checkbox"/> Involved Child | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Child Advocate |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Guardian Ad Litem | <input type="checkbox"/> County or DFS Employee |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Attorney | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Law Enforcement | |
| <input type="checkbox"/> Foster Parent | <input type="checkbox"/> CASA | |

Name(s) of involved child/ren:

Child 1: _____ DOB: _____

Child 2: _____ DOB: _____

Child 3: _____ DOB: _____

Names of parents:

Mother: _____ Father: _____

Name of DFS Caseworker: _____ Phone: _____

DFS Case #: _____

What is your complaint? (Describe the department's action or inaction you are complaining about. Includes dates of incident.)

What outcome are you seeking? (Please be specific.)
