



DFPS CASE COMPLAINT FORM

Purpose: Use this form to file a formal complaint with the DFPS Office of Consumer Relations (OCR). Use this form if you have concerns about how DFPS staff members followed (or may not have followed) policy and procedures in a specific DFPS case.

If your complaint is within the OCR's area of responsibility, the OCR will review your concerns through the formal complaint process. The OCR has 30 business days to complete the review, and then the OCR will mail you a letter about its findings. The OCR follows confidentiality laws and will share with you the information that these laws allow you to receive.

If your complaint is not within the OCR's area of responsibility, the OCR will try to send it to the appropriate program, division, or agency for review and handling.

Please do not use this form to ask general questions about DFPS programs or services. For those questions, go to the [DFPS website \(http://www.dfps.state.tx.us/\)](http://www.dfps.state.tx.us/) or contact the OCR at 1-800-720-7777 or ocr@dfps.state.tx.us.

Directions: To complete this form, please fill in as much information as possible. The OCR may contact you if it needs more information.

There are three ways to submit this form after you have completed it:

- By email: ocr@dfps.state.tx.us
- By fax: 512-339-5892
- By mail:
OCR/DFPS
P.O. Box 149030, Mail Code: Y946
Austin, Texas 78714-9030

If you have questions about filling out this form, please contact the OCR at 1-800-720-7777 or ocr@dfps.state.tx.us.

YOUR INFORMATION				
First Name:	Last Name:		Date of Birth:	
Mailing Address (Number and Street):			Apartment Number (if applicable):	
City:	State:	Zip Code:	County (examples: Harris, Bexar, Travis):	
Phone Number:	Email Address:			
Relationship to DFPS Case (Enter an X in all boxes that apply.): <input type="checkbox"/> Reporter of alleged abuse, neglect, or exploitation <input type="checkbox"/> Client (including alleged victim or designated victim) <input type="checkbox"/> Client's family member <input type="checkbox"/> Alleged perpetrator or designated perpetrator <input type="checkbox"/> Attorney of someone listed above <input type="checkbox"/> Other – Please specify:				



CASE INFORMATION

DFPS Program (Enter an X in the appropriate box.):

- Child Protective Investigations or Child Protective Services
- Adult Protective Services
- Child Care Investigations or Residential Child Care Investigations
- The Texas Abuse Hotline (Statewide Intake)

Case ID Number (if known):

Names of Children or Clients in the Case:

Names of Parents, Caregivers, or Caretakers in the Case (if applicable):

CONCERNS

Please state your concerns below (continue on page three if needed):



CONCERNS

Please state your concerns below:

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [Privacy and Security Policy](#).