



CWS-AD-001 Complaint Intake Form

Please fill out this form in its entirety. Be specific by including names, dates, and times whenever possible. Please note: Humboldt County Information and Complaints Services can only assist with issues regarding Child Welfare Services (CWS) in Humboldt County, CA. We are unable to assist with personnel issues or requests for change of social worker. Email completed forms to: cws-infoandcomplaints@co.humboldt.ca.us

Complainant Information	
Complainant Name:	Complaint Date:
Keep my name confidential (name will remain confidential, unless right to confidentiality is waived) I waive my right to confidentiality	
Phone Number (1):	Phone Number (2):
Email Address:	
Address (City/State/Zip):	
Complainant relationship/role with family in complaint (if applicable):	

Complaint Information	
Is this a new complaint?	Yes No
If no, was the prior complaint resolved?	Yes No
If no, prior complaint date/#:	
Name of Child/ren:	
ICWA:	Yes No
CWS Program (if known):	
Emergency Response	Family Maintenance/Family Reunification (Ongoing)
Placement	Permanency Adoptions
Independent Living Services	Extended Foster Care Transitional Aged Youth
Resource Family Approval	Clerical
Name of Staff Person involved in complaint (if known):	
Names/contact information of others involved (if applicable):	



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Incident Information	
Date(s) of incident:	
Do you believe this a violation of regulation, law or policy? Yes No	
If yes, describe which regulation/law/policy and how action/in-action of CWS was in violation:	
Describe the nature of the incident/complaint:	

Incident Resolution	
Have attempts been made to resolve incident with CWS staff prior to filing this complaint? Yes No	
If yes, what attempts have been made (include names and dates)?	
Result of attempts to resolve:	
Desired resolution of this complaint:	