

**CUSTOMER CARE**

**CONCERN FORM**



**Saint Francis**  
**Community Services**  
Serving Children and Families Since 1945

If you have an emergency regarding the safety of a child, call 1-888-SFAHOPE (732-4673).

If you would like to express a concern regarding a specific child and/or family involved with Saint Francis Community Services (either currently or in the past) please complete this form. The information you give Saint Francis Community Services (SFCS) will be used to help find a resolution of your concern.

If you need assistance completing this form, contact Customer Care directly at 1-866-671-4735. If any information is received indicating a child is at-risk for abuse or neglect, we will immediately inform the required authorities.

**HOW DID YOU HEAR ABOUT CUSTOMER CARE?**

- Relative       SFCS Staff       Brochure (*Location obtained*): \_\_\_\_\_  
 Advocacy Group       Friend       Other (*explain*): \_\_\_\_\_  
 Website

**YOUR INFORMATION:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ How would you like to be contacted? \_\_\_\_\_

**RELATIONSHIP TO CONCERN:**

- Self/Child       Parent       Relative  
 Legal Guardian       Foster Parent       Adoptive Parent  
 Guardian ad Litem       Attorney       SFCS Staff  
 Other (*explain*): \_\_\_\_\_

**CONCERN SUMMARY: WHAT IS YOUR CONCERN?**

**Briefly describe the Saint Francis Community Services (SFCS) action or inaction that you are concerned about. Be sure to include the name(s) of the child(ren) and/or family as appropriate.**

**CASE INFORMATION**

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Parent Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**PLEASE DESCRIBE WHY YOU THINK THE SFCS ACTION OR INACTION WAS WRONG OR UNREASONABLE (*include as many facts as you can*)**

**WHAT EFFORTS HAVE YOU MADE WITH SFCS TO ADDRESS YOUR CONCERN?**

**WHO HAVE YOU CONTACTED OR ATTEMPTED TO CONTACT AT SFCS REGARDING YOUR CONCERN?**

**Name:** \_\_\_\_\_ **Site/Location:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date of Contact:** \_\_\_\_\_

**What was the outcome?** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Site/Location:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date of Contact:** \_\_\_\_\_

**What was the outcome?** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Site/Location:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date of Contact:** \_\_\_\_\_

**What was the outcome?** \_\_\_\_\_

**WHAT WOULD YOU CONSIDER A SUCCESSFUL RESOLUTION OF YOUR CONCERN?**  
*(Please be specific)*