

## CALUMET COUNTY CHILD SUPPORT AGENCY

### ADMINISTRATIVE COMPLAINT PROCESS PLAN

The Calumet County Child Support Agency has a strong focus on quality service. To formalize this focus for the Child Support Agency, the following Administrative Complaint Process Plan is issued:

- **Purpose**

The administrative complaint process is designed to assist the child support parties to have available an avenue of appeal when they believe that the Calumet County Child Support Agency has made an error or has not taken appropriate and timely action.

- **Notification and Information Regarding Complaint Process:**

Child Support Case Participants will be notified of the available complaint process by the placing of notices and signs in the child support office(s).

Complaint forms will be available at the child support agency office(s) and will be provided upon request to case participants. Complaints must be filed within 30 days of the complainant becoming aware of the action or inaction or be barred. However, if the complaint concerns an action, which is mandatory under state or federal law the 30-day statute of limitation, does not apply.

Complaints will be date stamped upon receipt and forwarded to the designated fact finder the same day the complaint is received.

- **Designated fact finder:**

The designated fact finder for reviewing complaints submitted through the complaint process shall be either the Calumet County Child Support Agency Supervisor or alternatively the Director, unless inappropriate and which the complaint will be forwarded outside of the Agency.

Within 15 days of receipt of the complaint, the fact finder will review the circumstances of the case and make a written determination. Said determination may at the discretion of the fact finder include a recommendation as to remedial action, if appropriate. The fact finder may at her/his discretion request additional information from either the complainant and/or the child support agency.

The written results of this determination will be mailed to the complainant and to the Child Support Agency within five (5) days of the determination.

Any petitioner disagreeing with the administrative complaint decision by the Calumet County Child Support Agency fact finder may contact the Bureau of Child Support, any appropriate state office, or pursue other action/remedies, including legal action.

- **Record Keeping**

The complaints and the resulting determinations will be stored in a file under the label Child Support Complaints and Improvements. The complaint process file will be located at the Child Support Agency.

The Calumet County Child Support Agency will periodically review any complaints and resulting determinations from the fact finder in order to identify recurring or systematic problems as a way to contribute to the improvement of customer service to child support parties.

CALUMET COUNTY CHILD SUPPORT AGENCY  
COMPLAINT FORM

This form is provided so that individuals are provided an avenue of filing a complaint against the Calumet County Child Support Agency and/or one of its staff. Information provided in this form will be given to a fact finder to determine whether or not child support staff appropriately handled the matter. The Agency will first utilize management staff within the Agency as fact finder, unless inappropriate, and then it will be forwarded outside of this Agency. Information received from complaint forms will then be reviewed as means of improving services. A written response from the fact finder will be forwarded to the person filing this form and child support management. **All complaints must be filed within (30) days of perceived mishandling, or otherwise be barred from filing the complaint. Unsigned complaints will not be accepted.**

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

Date: \_\_\_\_\_ Court Case Number: \_\_\_\_\_

Child Support Worker: \_\_\_\_\_

Clearly state reason for complaint. Attach additional page if needed.

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Have you called previously to resolve this matter? \_\_\_\_\_

If yes, please state when: \_\_\_\_\_

Have you been advised of previous actions taken to enforce your case? \_\_\_\_\_

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Have staff members treated you courteously and professionally? \_\_\_\_\_

If no, please explain further: \_\_\_\_\_

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What would you like done to resolve this matter? \_\_\_\_\_

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Signature \_\_\_\_\_ Date: \_\_\_\_\_