NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES (OCFS)

**OFFICE OF THE OMBUDSMAN (OOTO) CONTACT FORM**

Use this form to contact OOTO. You can use this form if you are a youth, staff person, parent, youth attorney, etc. Note that OOTO **only** serves juvenile justice-involved youths who are or were in:

* The custody of OCFS as a juvenile delinquent (JD) or an adolescent/ juvenile/youthful offender (AO/JO/YO);
* County detention,
* LDSS custody as a JD and residing at a group child welfare agency;
* The custody of the NYC Administration for Children’s Services at a Close to Home program as a JD.

**Your Name: AND/ OR  I want to remain anonymous**

(By checking this box, although you will email this form, OOTO will not use your email or any of your identifying information in addressing this matter.)

**Name of Youth**:

**Your relationship to the youth (e.g. self, staff, attorney, parent**):

**Name of the site where the youth resides or did reside**:

**Approximate dates the youth has been or was at the facility/placement**:

**Your telephone number (optional)**:

**Your email address (optional)**:

**The best time to reach you**:

**The reason you are contacting OOTO (be as detailed as possible):**