

State of Missouri
Office of State Courts Administrator
PO Box 104480
Jefferson City, MO 65110

Email:

Complaint.JuvenileOfficer@courts.mo.gov

To file a complaint, fill out this document and return it to the Office of State Courts Administrator by e-mail to:

Complaint.JuvenileOfficer@courts.mo.gov

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Complaints subject to review will include those specific to the Chief Juvenile Officer and related to compliance with the Missouri Juvenile Officer Performance Standards (2017). The complaint process will not address employment related complaints or specific case outcomes as the same is more appropriately addressed through existing personnel policies or legal processes.

Once received, all meritorious complaints will be referred to the appropriate presiding judge authority for review and resolution.

NOTE: Internal employee complaints concerning administrative or employee matters filed through this process will be deemed "inappropriate for response" and may be filed through the appropriate employee grievance process, as applicable.

MISSOURI JUVENILE OFFICER PERFORMANCE STANDARDS COMPLAINT FORM

_____ Date of Complaint

Is this complaint regarding a specific chief juvenile officer?

Yes

_____ Name of Chief Juvenile Officer

_____ Circuit/County

No

If this complaint is about a matter involving a deputy juvenile officer or other juvenile office staff, please contact the chief juvenile officer within your jurisdiction. This form is only to be used for complaints regarding a chief juvenile officer.

Has this complaint previously been made? Yes No

If yes, please state to whom the previous complaint was made, along with the approximate date and disposition.

What is your complaint? (Briefly describe your concern.)

Please provide the facts that support your belief that the chief juvenile officer's action, inaction or conduct was wrong or unreasonable?

(Please include supporting documentation such as emails, letters, statements, etc. If you need additional space, you may attach sheets of paper and submit materials or copies of documents that support your complaint.)

Please do not send original documents.

What action are you seeking to resolve your complaint? (Please be specific.) _____

If your complaint involves a legal proceeding, answer the following, if known:

Case Number: _____ County: _____

Date Filed: _____ Are you a party to the case? Yes No

What is your relationship to the case or issue in this complaint?

- | | |
|--|---|
| <input type="checkbox"/> Child | <input type="checkbox"/> Children's Division Employee |
| <input type="checkbox"/> Child's Relative _____ | <input type="checkbox"/> Prosecutor's Office |
| <input type="checkbox"/> Foster Parent/Caregiver | <input type="checkbox"/> Juvenile Office Staff |
| <input type="checkbox"/> School | <input type="checkbox"/> CASA |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Attorney/GAL |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Community Professional or Service Provider |

If you are not a party to the case, what is your connection with it? (Explain briefly.) _____

Complainant's Information (Required):

[Please ensure your contact information is current. Notify the Office of State Courts Administrator at Complaint.JuvenileOfficer@courts.mo.gov if there is any change in your contact information.]

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Street Address		Apt. #
_____	_____	_____
City	State	Zip Code
_____	_____	_____
Day Phone	Evening or Message Phone	Email Address

Your signature grants permission for this matter to be discussed with the Office of State Courts Administrator, Chief Juvenile Officer, Presiding Judge or local Appointing Authority as necessary to complete the review and assessment related to this complaint.

Signature

Date