

CWS POLICY & PROCEDURES REVIEW REQUEST

Business Assurance & Compliance



Acknowledgment of Review Limitations

I understand that by completing this form, I am requesting a review of the policy, procedure and/or process followed in relation to my Child Welfare Services (CWS) case or investigation. I understand that Business Assurance & Compliance (BAC) will perform an independent review of my policy or procedural concerns and will notify me at the conclusion of its review. This review will be limited in scope to an analysis of whether policy, procedure and/or process was appropriately followed in the administration of the case or investigation. Case outcome(s) cannot be reversed or modified as part of this review process. I acknowledge that it is my responsibility to direct BAC to the policy or procedure I believe was not followed in my case or investigation.

Click the check-box to acknowledge you have read and understand the statement above.

Requester Information

Please enter your contact information below.

Current Date: _____

First Name: _____

Contact Phone: _____

Last Name: _____

Contact Email: _____

Mailing Address: _____

What is your relationship to the CWS client in this review request?

Case/Referral Information

Please enter the case or referral information below. If you have a referral closure letter, it will contain a 16-digit referral number.

Client First Name: _____

Case or Referral Number: _____

Client Last Name: _____

If you entered a referral number, is the referral currently open or still under investigation?

If you entered a referral number, what year was the referral for this case completed?

Have you received a copy of the investigation report for this case?

Has this case or referral been referred to juvenile court?

Request Information

Please select the category that best fits the policy, procedure or process you are requesting BAC to review in the case or referral you provided. Select up to three (3).

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Personal Statement

Please explain how you believe CWS policy, procedure and/or process was not appropriately followed in the administration of the case or investigation provided in this form. Please provide specific names, dates and locations. Limit 2,000 characters.

Sworn Declaration & Consent

My initials below affirm that the information I provided in this form is true and correct to the best of my knowledge and belief. I consent to allow the County of San Diego to contact me to provide and to gather information necessary for the processing of this review request.

Enter your initials to acknowledge you have read and understand the statement above.

* Please click the button below to submit your review request via email to Business Assurance & Compliance. *

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*** For BAC Office Use Only ***

Contact Date:	Contact Type:	Successful?
Contact Date:	Contact Type:	Successful?
Contact Date:	Contact Type:	Successful?
Contact Date:	Contact Type:	Successful?
Contact Date:	Contact Type:	Successful?

Individual Named:	Individual Title:
Individual Named:	Individual Title:
Individual Named:	Individual Title:

Referred to: _____

Notes: