

REPORT OF NON-COMPLIANCE

THE ICWA COMPLIANCE REVIEW TEAM reviews reports of non-compliance by county human services agencies or private child placing agencies with the Indian Child Welfare Act (ICWA) and the Minnesota Indian Family Preservation Act (MIFPA). You must have made a good faith effort to resolve the situation with the agency before filing this report of non-compliance.

Department of Human Services staff are mandated reporters of suspected child abuse. All information you provide in this report regarding potential child abuse will be shared with the appropriate county agency.

The ICWA Compliance Review Team will provide the agency with a copy of this report. The Team will ask the agency to respond to the report and to provide documentation in support of its response. The Team will then determine if the agency is out of compliance with the laws or rules relating to Indian child welfare. You will be notified by mail of the Team's decision. The Team's meetings where discussions of reports are taking place are not open to the public.

If the agency is found to be out of compliance, a Corrective Action Plan will be developed to correct the non-compliance.

Team File No. _____

Please fill out this form as completely as possible. If you have questions about how to fill out this form, you may call the DHS ICWA consultant at (651) 282-6490.

Your name _____

Your address _____

Your telephone number _____

Is it okay with you if we tell the agency that you are the one who filed this report?

Yes _____ No _____

The information provided in this report is true and accurate to the best of my knowledge.

Your signature

Date

For Internal Use Only

Date Received _____
Drafted 8/04

Team File No. _____

Team File No. _____

Pages 1 & 2 contain reporter identifying information and may have been removed from the Report.

1. Which county or private agency is allegedly out of compliance.

2. Is this matter currently being heard in court? Yes _____ No _____

3. If so, please give the date, time and location of the next court hearing.

4. The name, date of birth, and tribal affiliation of the children who are the subjects of the proceeding.

Name:

DOB:

Tribe(s):

5. The name and tribal affiliation of the parent or Indian custodian who had custody of the children when the agency became involved.

Name

Tribe(s)

6. The name and telephone number of the social worker working with the family.

Name

Telephone Number

Team File No. _____

RELEASE OF INFORMATION

You do not have to sign this release. The ICWA Compliance Review Team will investigate your report of non-compliance whether you sign this release or not.

I, _____, authorize
(Print your name)

(Print the name of the county human service or private child placing agency)

to release to the ICWA Compliance Review Team any and all records concerning my case. This release includes case notes. This release also authorizes the agency staff to discuss my case with members of the ICWA Compliance Review Team.

This release shall expire six months from the date of my signature.

Your Signature

Date