



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION  
**CHILD SUPPORT CUSTOMER COMMENT OR COMPLAINT FORM**

SUBMITTER'S NAME	TELEPHONE NUMBER	DATE
SUBMITTER'S MAILING ADDRESS		
CITY	STATE	ZIP CODE
SUBMITTER'S 8-DIGIT CASE NUMBER or SOCIAL SECURITY NUMBER *	LOCATION OF OFFICE HANDLING CASE	

### INSTRUCTIONS

The Family Support Division (FSD) will attempt to resolve concerns about customer service and most case actions. FSD **cannot** resolve complaints regarding actions taken by the court, such as custody, visitation or spousal support orders. Only the court can address those issues. FSD also welcomes your comments and compliments.

Please complete and submit your *Customer Comment or Complaint Form* to:

Deputy Director, Child Support Field Operations  
Family Support Division  
P.O. Box 2320  
Jefferson City, MO 65102-2320

The deputy director or his/her designee will respond to your submission.

\* You do not have to provide your Social Security number (SSN) on this document. However, providing your SSN may result in a more timely response to your submission.

### DESCRIBE YOUR COMMENT, COMPLAINT OR COMPLIMENT:

(If you need more space, you may continue on another page and attach it to this form.)

SUBMITTER'S SIGNATURE	DATE SUBMITTED
-----------------------	----------------