

**Step 1.** Submit your comments or concerns by contacting the district office by telephone, letter, or e-mail. A list of telephone numbers, mailing addresses, and e-mail addresses for child support enforcement offices is available on the Internet at

<http://www.okdhs.org/childsupport/offices/index.asp>.

**Step 2.** If you fail to receive a response, or the response you receive is unsatisfactory, you may then contact the Community Collaboration Unit (CCU) in writing at:

Child Support Enforcement Division  
Attn: Community Collaboration Unit  
P.O. Box 25352

Oklahoma City, OK 73125-0352  
OR fax at 405-522-3685 OR e-mail at  
= csed.customeroutreach@okdhs.org

**Step 3.** Please include your:

- first and last name;
- relationship to the case;
- Social Security number;
- case number/FGN;
- mailing address;
- telephone number;
- attorney of record or authorized representative;
- detailed explanation of concern; and
- desired resolution.

**Step 4.** CCU will send your comments to the district office for further review. Within 30 days of receipt of this form, the review will be completed and any necessary action will be taken.

**Step 5.** If further review is requested, you may submit your comments to CCU and the Child Support Enforcement Division (CSED) director will review them and take appropriate action within 30 days. You will be notified of the outcome of the review in writing. The result of this review is the final decision of CSED.

# Comments ? and Concerns



*Child Support Enforcement  
provides this comment form  
as a way to help customers voice  
their concerns.*





**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**

Child Support Enforcement Division (CSED)



**Child Support Comments**

First name		Last name	
Relationship to case, such as custodial person, noncustodial parent, biological parent, authorized representative			
Social Security number		Case number (FGN)	
Mailing address	City	State	Zip code
Home phone number	Work phone number	e-mail address	

Do you have an attorney of record or authorized representative? If so, complete the information below:

First name	Last name	Phone number	
Mailing address	City	State	Zip code

**Explanation of comment or concern.** For problems, provide names of persons you have talked with to resolve this issue. If your comment or concern is about a specific person or incident, please provide the name, location, date, and time of incident.

**Desired actions.** What type of resolution is desired?

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Signature Date

How did you receive this form?

- In the mail after a call to CSED.
- In person from a CSED office.
- Other: \_\_\_\_\_

Please mail this form to: Child Support Enforcement Division  
 Attn: Community Collaboration Unit  
 P.O. Box 25352  
 Oklahoma City, OK 73125-0352