

PAPERWORK REDUCTION ACT OF 1995 (Public Law 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow individuals to voluntarily raise concerns about the Unaccompanied Children Bureau in the Office of Refugee Resettlement. Public reporting burden for this collection of information is estimated to average 30 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0531 and the expiration date is 9/30/2025. If you have any comments on this collection of information, please contact Leah Chavla at leah.chavla@acf.hhs.gov.

UC Ombuds Office Sign in

Please enter your case (Por favor entre su información)

***If you would like to remain anonymous, please enter email@email.com in the "Your email address" field.**

***Si desea permanecer anónimo, por favor tipee email@email.com en el espacio llamado "Your email address".**

Your email address









Check here if you would like to remain anonymous (Haga click aca si desea permanecer anónimo) (optional)

Please provide your name (Por favor provee su nombre)

Please enter your phone number (Por favor entre su número de teléfono) (optional)

Subject (optional)

Enter detailed information you wish to provide; otherwise type N/A.







Paragraph B I        

Windows taskbar: 3:00 PM 8/5/2024

Please enter your phone number (Por favor entre su número de teléfono) (optional)

Subject (optional)

Enter detailed information you wish to provide; otherwise type N/A.

Paragraph ▼ **B** *I*     **99**  

Attachments (optional)

Add file or drop files here

Submit

