

COMPLAINT FORM

I wish to complain against the facility/agency/provider named below. I am submitting this information so that it may be determined if a licensing or a child welfare contract action against this facility/agency/provider should be considered.

When making a complaint, it is important that you fill out the complaint form as completely as possible. Your name will be kept **confidential** and **will not** be released unless ordered by the court. You are not required to give your name or contact information. However, if you do not provide it, a licensing consultant will not be able to contact you if additional information is needed. **Your complaint may not be assigned or may be unconfirmed due to an inability to reach you for follow-up.**

Abuse and Neglect Complaints

If you are making a complaint regarding the abuse or neglect of a child in a child caring institution, a juvenile court operated facility or a children's foster home or regarding the abuse, neglect or exploitation of an adult, contact centralized intake at 1-855-444-3911. If you are making a complaint regarding the abuse or neglect of a child in a child care facility (family or group child care home or a child care center) or a camp, complete the form below.

Information About You			Complaint Against		
Your Name			Facility/Agency/Provider		Registration/License # (if known)
Street Address			Street Address		
City			City		State
State	Zip Code	County			Zip Code
Email address			Telephone Number ()		
Your Telephone Number Home: ()		Work: ()	Incident Date (if applicable)		
Check One: <input type="checkbox"/> Adult Foster Care Facility <input type="checkbox"/> Child Care Home <input type="checkbox"/> Child Placing Agency <input type="checkbox"/> Camp <input type="checkbox"/> Home for the Aged <input type="checkbox"/> Child Care Center <input type="checkbox"/> Child Caring Institution					
Your Signature					Date
Answer the following questions, as applicable, regarding each concern. Be as specific as possible. (Use additional sheets if necessary.)					
Concern 1 Who was involved? (If you know the names of caregivers/employees/residents/children involved, provide them.)					
What happened?					
When did it happen? (Particular day, time of day, etc.)					
How many times did this happen?					
Where did it take place? (Specific area/room of the facility, off-site, etc.)					
Did other people see it? Do other people know about it? If yes, include their names.					
How do you know this happened? Or about the violation?					

Is it still going on? If yes, how do you know?
If you know the act section or rule violated or the contract, provide it.
Concern 2 Who was involved? (If you know the names of caregivers/employees/residents/children involved, provide them.)
What happened?
When did it happen? (Particular day, time of day, etc.)
How many times did this happen?
Where did it take place? (Specific area/room of the facility, off-site, etc.)
Did other people see it? Do other people know about it? If yes, include their names.
How do you know this happened? Or about the violation?
Is it still going on? If yes, how do you know?
If you know the act section or rule violated or the contract, provide it.
Concern 3 Who was involved? (If you know the names of caregivers/employees/residents/children involved, provide them.)
What happened?
When did it happen? (Particular day, time of day, etc.)
How many times did this happen?
Where did it take place? (Specific area/room of the facility, off-site, etc.)
Did other people see it? Do other people know about it? If yes, include their names.
How do you know this happened? Or about the violation?
Is it still going on? If yes, how do you know?
If you know the act section or rule violated or the contract, provide it.