

COMPLAINT INTAKE FORM FOR DAY CARE PROGRAMS

COMPLAINT RECEIVED:		Date:	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
		TAKEN BY:		
WHO	PERSON MAKING THE COMPLAINT	Name:		Phone #
		Address:		
		Relationship to Reported Party:		
	COMPLAINT AGAINST	Type of Facility: <input type="checkbox"/> FDC <input type="checkbox"/> GDC <input type="checkbox"/> DCC <input type="checkbox"/> Illegal		
		Provider:	Phone #	
		Facility:	PS#	
		Address:	PV#	
DESCRIPTION OF COMPLAINT:	WHO: Who was involved in the incident.			
	WHAT: Other details relevant to incident.			
	WHEN: Date and Time of when incident took place.			
	WHERE: Place incident happened.			
	WHY: What caused the incident.			
	HOW: How did it occur.			
ACTION TAKEN:				