COMPLAINT / CONCERN FORM

PLEASE PRINT			
Date Received		**Re: Child's Name(s)**	
Type of Issue	☐ **Complaint** ☐ **Concern** ☐ **QA Review (Internal)**	**Child's DOB**	
Complainant Name		**Complainant Phone #**	
Complainant Address		**Complainant Category**	☐ **Parent/Guardian** ☐ **Provider** ☐ **Service/Intake Coordinator** ☐ **Other**
County Where Child Resides		**Alleged Violator**	
Discipline of Alleged Violator	☐ **Physical Therapist** ☐ **Dietitian/Nutrition** ☐ **Developmental Therapist** ☐ **Occupational Therapist** ☐ **Interpreter** ☐ **Social Work** ☐ **Audiologist**	☐ **Other** _____**(Describe)** ☐ **Nursing** ☐ **Psychiatry** ☐ **SPOE** ☐ **Speech Therapist** ☐ **Service/Intake Coordinator** ☐ **LPCC**	
Summary of Issue, Complaint, or EOB Concern **(Note ALL Formal Complaints must go directly to the State)**			

ENTER DATE WITH EACH FINDING ENTRY

SUMMARY FINDINGS:

Date Addressed	**Date Resolved**	**Date Sent To State**