

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: _____ Do you wish to be notified if this complaint is validated or not validated? <input type="checkbox"/> Yes <input type="checkbox"/> No 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:		