

**Central Indiana First Steps Local Planning and Coordinating Council
Concerns/Complaint Form**

Date: _____

Complainant Name: _____

Address: _____

Phone: _____ Email: _____

Person about which complaint/concern is being lodged: _____

OT PT DT SLP Other: _____

Child's name about whom this complaint is in reference: _____

DOB: _____

Use the space provided below to express your concern. Please be specific and include any additional documentation that you feel will be helpful in reviewing this issue.

Use the space provided below to tell us about the action that you have already taken to help rectify the situation. Please be specific and include any additional documentation that you feel will be helpful in reviewing this issue.

Signature: _____ Date: _____

For Internal Use Only

Coordinator Name:	Date Received:
Date Given to Executive Committee and/or other authorities:	Date Resolved: