

# Monitoring Appendix I

## Child Care Complaint Intake Form

Complainant's Name: \_\_\_\_\_

Complainant's contact information: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Phone: \_\_\_\_\_

Type of Facility:      Home              Center              Group Home

Approximate Date and Time of Incident or Concern: \_\_\_\_\_

Name(s) of child(ren) involved: \_\_\_\_\_

Age(s) of child(ren) involved: \_\_\_\_\_

Name of provider(s) involved (if known): \_\_\_\_\_

Complainant's relationship to provider: \_\_\_\_\_

Record details of the incident and/or concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complaint recorded by:  
(name of staff who took the complaint)

Date complaint received:

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