

DHS LISTED PROVIDER/DPU ISSUES

INTAKE:

Date complaint/Issue was received: _____ Staff recording the complaint: _____

Person/Provider making the report:

Name Business Name (if applicable)

Phone: home work

DHS Client Name: Social Security Number

Casework's Name: Branch

Complaint:

Complaint Description: What is the issue? When did it occur? Where did you do? Who have you talked with? What is your expected outcome?

Action Taken and Follow-up:

Date of CCR&R report to DHS: Person making the report:

DHS will: CCR&R will: