

VACCRRRA Complaint Reporting & Follow up Form

Reporting Agency _____ Date _____

Provider in Question _____ License or registration # _____

Person alleging licensing/registration violation and relationship to provider

Address & Phone (day and evening of complainant) _____

Directions to provider's location _____

Complaint _____

Specific regulatory
violations/concerns _____

Specific child abuse
concerns _____

Is the complainant willing to report to the state? _____ yes _____ no

_____ openly

_____ Anonymously

_____ Confidentially

If not, was the complainant willing to document the complaint with the R&R? _____yes
_____no

Action taken by the R&R Staff

Additional contact or follow-up

Was the complaint phoned in to CCSD/SRS?

_____By R&R; date _____

_____By complainant; date _____

Name of R&R staff reporting the complaint: _____



Follow up form

(to be completed by licenser/SRS investigator and sent back the R&R agency)

Date _____

Licenser/SRS investigator name _____

The report of alleged licensing/registration violation against: _____

has been investigated.

The complaint has been assessed as:

_____ Unfounded

_____ Founded:

Resolved _____

Not Resolved _____

Licensed suspended _____

Licensed revoked _____

Comments:
