



## Complaint Intake Form

Thank you for sharing your concerns with the Connecticut Office of Early Childhood. The information provided below will be carefully reviewed in accordance with the Connecticut Statutes and Regulations that are specific to the child care center, group child care home, family child care home or youth camp this complaint is about. The review will determine if there are potential violations of those requirements and if this is the office with jurisdiction to take further action.

Please complete this form as thoroughly as possible. A lack of detailed information may prevent the agency from conducting a thorough investigation. If you have any questions you may call 1-800-282-6063 or 800-500-4450 and ask for the complaint desk. You may email this form to [OEC.Investigations@ct.gov](mailto:OEC.Investigations@ct.gov) or fax to 860-326-0557.

**Reporter's information:** (Anonymous complaints are accepted, although this sometimes reduces the ability to gather all relevant facts upon which to make decisions)

**Your Name, Address, Town and Zip:**

**Daytime phone number, including area code where you can be reached:**

**Your email address:**

**How are you affiliated with the Program/Provider? (Parent, staff, etc.)**

**Complaint Information:**

**Provider/Program Name:**

**Provider/Program Address, Town, and Zip:**

**Provider/Program Phone number:**

**Provider/Program License Number (if known):**

**Briefly describe the complaint** (include all details, such as date, time, location, names of adults present, names and ages of children involved)

**Are you aware of any evidence that would support the complaint?** (pictures, documents, video, etc.)

Yes  No  If yes, explain what type of evidence

**Has the licensee/owner, director, or other administrator of the program been contacted?** Yes  No

If yes, provide the name(s) of such individuals.

**Have other agencies (DCF, police, etc.) been contacted?** Yes  No  (if yes, provide the name of agency (ies)).

**Would you like to receive notice of the outcome to this complaint?** Yes  No  (if yes, be sure to submit your address above)

I hereby certify that the above information is true and accurate to the best of my knowledge and belief.

Electronic Signature:

*(A typed name is considered your electronic signature)*

Date: