***CT Home Visiting System Complaint Intake Form***

Thank you for sharing your concerns with Connecticut Office of Early Childhood. The information provided will be carefully reviewed by the Family Support Division to determine if there are potential violations of the provider’s contract or policy requirements and how the OEC can support the program to remedy the violations.

Please complete this form as thoroughly as possible. In the event you are unable to utilize the provided form please include all pertinent information (see below) in an email to HVComplaints@ct.gov.

A lack of information may prevent the agency from conducting a thorough investigation. If you have any questions, please call the Family Support Divisions Administrative Assistant, Sadia Saqab @ 860-500-4457 or email questions to Sadia.Saqab@ct.gov. When the form is complete, please email this for to HVComplaints@ct.gov.

**Reporter Information:**  Anonymous complaints are accepted, although this sometimes reduces the ability to gather all relevant facts upon which to make decisions.

**Your Name:**

**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:**

**Briefly describe the complaint** (include as many details as possible- I.e. staff member involved, dates, times, in person, virtual etc.):

**Would you like to receive notice of the outcome to this complaint?** **[ ]  Yes** **[ ]  No** (if yes be sure to include your address and/or contact information above)

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

Electronic Signature: Date:Click or tap to enter a date.

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