



Department of Human Services

Child Care Complaint Intake Report

Date of call:	Time of call:
Person taking call:	Contact information:

Reporter Contact Information

Name:	Phone:
Relationship to the provider:	
Is the reporter a parent to a child in care? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Provider Contact Information

Provider type:	
<input type="checkbox"/> Category A Child Development Home	<input type="checkbox"/> Licensed Child Care Center
<input type="checkbox"/> Category B Child Development Home	<input type="checkbox"/> Non-registered Child Care Provider with CCA Agreement
<input type="checkbox"/> Category C Child Development Home	<input type="checkbox"/> Unknown/Other
Child care provider or center name:	
Name of owner or director:	Phone:
Address:	

Person Responsible for the Potential Rule Violation

Unknown

Name:	Phone:
Address:	
If any additional persons are alleged responsible for the rule violation, include contact information below.	

Complaint Details

Please provide a specific description of the incident, including date and time and any other persons or children present at the time. Please include any necessary medical treatment received, if known.

Additional Information

How does the reporter know this information?

When will the child care provider next have contact with the child or children?

Safety concerns for other children in care?

Who else is aware of these concerns? Provide name and contact information.

Are you aware of any steps taken to address the identified concern?

Other:

Processing Information

Referral to DHS:

Date sent:

Time sent:

Was this also sent to the Centralized Service Intake Unit due to allegations of potential abuse?

Yes No

If yes, please include incident number: