

**AWI-Office of Early Learning  
R&R Complaint Report (Revised 9/26/05)**

**DATE RECEIVED** \_\_\_\_\_ **BY** \_\_\_\_\_

**FROM**  Family  Provider  ELC  R&R Local Office  AWI-OEL  Other  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_  
 E-mail \_\_\_\_\_

**AGAINST**  Family  Provider  ELC  R&R Local Office  AWI-OEL  
 Other  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_  
 E-mail \_\_\_\_\_

**COMPLAINT** (Be brief; use reverse side of form if necessary)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PROVIDER STATUS**  
 LICENSED  REGISTERED  EXEMPT  UNREGULATED

REPORTED TO	DATE	METHOD (Phone, Fax, Mail, E-Mail)
<input type="checkbox"/> ABUSE REGISTRY	_____	_____
<input type="checkbox"/> STATE LICENSING (DCF)	_____	_____
<input type="checkbox"/> R&R SERVICE PROVIDER	_____	_____
<input type="checkbox"/> LOCAL LICENSING	_____	_____
<input type="checkbox"/> ELC	_____	_____
<input type="checkbox"/> CCTIC	_____	_____

**DATABASE STATUS PENDING OUTCOME** \_\_\_\_\_

OUTCOME	DATE NOTIFIED
<input type="checkbox"/> NO LICENSE ACTION TAKEN	_____
<input type="checkbox"/> LICENSE SUSPENDED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE LIFTED _____
<input type="checkbox"/> LICENSE REVOKED <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
DATABASE STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	