

**Complaint**

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**Oneida Child Care Department**

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| **Complainant**    **Information:** | Name:Click or tap here to enter text. | | | Employee #: (if applicable)  Click or tap here | | Job Title: (if applicable)  Click or tap here |
| Address: Click or tap here to enter text. | | | | | |
| Phone: Click or tap here to enter text. | | Email: Click or tap here to enter text. | | | |
| **Case**  **Type**  **:** | Health Safety  Well-being  Compliance  Other (specify) Click or tap here to enter text. | | | | | |
| **Statement of Facts Incident Allegations Detailed Information** | Date: Click or tap Time: Click or tap here Location of alleged incident:Click or tap here to enter text. | | | | | |
| * **What** happened? * **Who** was involved? Who may have witnessed what happened? * **When/Where** did it happen? Did it happen more than once? How long did it continue?   Click or tap here to enter text.        **Signature:** Click or tap here to enter text. **Date:** Click or tap to enter a date. | | | | | |
| **Individuals**    **Involved** | Name/s | **1**-witness **2**-accused **3**-directly | | | Job title (if applicable) | |
| Click or tap here to enter text. | Choose an item. | | | Click or tap here to enter text. | |
| Click or tap here to enter text. | Choose an item. | | | Click or tap here to enter text. | |
| Click or tap here to enter text. | Choose an item. | | | Click or tap here to enter text. | |
| Click or tap here to enter text. | Choose an item. | | | Click or tap here to enter text. | |
| **Receipt of**  **Complaint** | Child Care Supervisor Child Care Director (only if incident involves supervisor)    Signature:Click here to enter text. Date:Click or tap to enter a date. | | | | | |