**Complaint**

**F**

**orm**

**Oneida Child Care Department**

|  |  |  |  |
| --- | --- | --- | --- |
| **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.  |