



Complaint Form Oneida Child Care Department

Complainant Information:	Name:		Employee #: (if applicable)	Job Title: (if applicable)
	Address:			
	Phone:		Email:	
Case Type:				
Statement of Facts Incident Allegation Detailed Information	Date:		Time:	Location of alleged incident: _____
	<ul style="list-style-type: none"> • 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? 			
		Signature: _____		Date: _____
Individuals Involved	Name/s	1-witness 2-accused 3-directly	Job title (if applicable)	
Receipt of Complaint	<input type="checkbox"/> Child Care Supervisor <input type="checkbox"/> Child Care Director (only if incident involves supervisor)			
	Signature: _____		Date: _____	