

R&R COMPLAINT REPORT (Revised 3/14/05)

(Local Early Learning Coalition/R&R Service Provider/AWL-Office of Early Learning)

DATE RECEIVED _____ **BY** _____

FROM ___ Family ___ Provider/Program ___ R&R Service Provider ___ LSRC ___ Other
name _____
address _____
phone(____) _____

AGAINST ___ Family ___ Provider/Program ___ R&R Service Provider ___ LSRC ___ Other
name _____
address _____
phone _____

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)
___ ABUSE REGISTRY	_____	_____
___ STATE LICENSING (DCF)	_____	_____
___ R&R SERVICE PROVIDER	_____	_____
___ LOCAL LICENSING	_____	_____
___ LSRC	_____	_____

DATABASE STATUS PENDING OUTCOME _____

OUTCOME **DATE NOTIFIED** _____

___ NO LICENSE ACTION TAKEN
___ LICENSE SUSPENDED ___ YES ___ NO DATE LIFTED _____
___ LICENSE REVOKED ___ YES ___ NO
DATABASE STATUS ___ ACTIVE ___ INACTIVE