COMPLAINT INTAKE REPORT

This form is intended to document complaints received in a county or CDSS office regarding a Resource Family. Unless the complaint is considered harassment, a complaint visit must be conducted within 10 calendar days after receipt of the complaint.

REPORT

REPORTED
☐ IN PERSON ☐ BY LETTER/EMAIL ☐ BY TELEPHONE

COMPLAINANT NAME

ADDRESS STREET

CITY ZIP CODE

TELEPHONE NUMBER (DAY)
AREA CODE ( )

TELEPHONE NUMBER (EVENING)
AREA CODE ( )

RELATIONSHIP TO RESOURCE FAMILY

WAS ABUSE REPORT REQUIRED AND FILED? ☐ YES ☐ NO ☐ N/A

DOES COMPLAINANT WISH TO REMAIN ANONYMOUS? ☐ YES ☐ NO

COUNTY

COMPLAINT ID NUMBER

RESOURCE FAMILY INFORMATION

RF NAME

RF ID FILE

ADDRESS STREET

CITY ZIP CODE

TELEPHONE NUMBER
AREA CODE ( )

INSTRUCTIONS

1. *Separate complaint into specific allegations numerically.*
2. *Describe all complaints received in county complaint log.*
3. *County must report all serious complaints to CDSS by close of next business day after receipt of complaint.*
4. *County must notify CDSS upon completion of serious complaint investigation if it intends to develop a Corrective Action Plan (CAP) and the final disposition of the investigation.*

ALLEGATION(S) No.	ALLEGATIONS	RESOLUTION CODE* S	I	U

**** Resolution Code Key***

Substantiated / S = means that the investigation concluded that based on a preponderance of evidence, meaning that it is more likely than not, the allegation in a complaint occurred.

Inconclusive / I = means that the investigation concluded that the allegation in a complaint is not substantiated or unfounded.

Unfounded / U = means that the investigation concluded that the allegation in the complaint is false, meaning that there is no credible evidence that the allegation in the complaint occurred.

COMPLAINT RECEIVED BY (PRINT NAME)	DATE COMPLAINT RECEIVED	TIME	VISIT DUE DATE

DETAILS OF ALLEGATION(S)

COMPLETED BY RF INVESTIGATOR (PRINT NAME AND SIGN)	DATE

PRE-INVESTIGATION CONTACT WITH COMPLAINANT	POST-INVESTIGATION CONTACT WITH COMPLAINANT
DATE CONTACTED	DATE CONTACTED
PERSON CONTACTED	PERSON CONTACTED
HOW CONTACTED ☐ TELEPHONE ☐ LETTER/EMAIL ☐ IN PERSON ☐ N/A	HOW CONTACTED ☐ TELEPHONE ☐ LETTER/EMAIL ☐ IN PERSON ☐ N/A
COMMENTS	**COMMENTS**

LIST OF OTHER CONTACTS/REPORTS *(Reports obtained for investigation, e.g. CPS, etc. Include dates.)*

FOLLOW-UP/COMMENTS *(e.g. legal consult date, conference date, potential administrative action, date of surrender, etc.)*

RF INVESTIGATOR'S PRINTED NAME AND SIGNATURE	DATE	RF SUPERVISOR'S PRINTED NAME AND SIGNATURE	DATE APPROVED