



Division of Licensing

LICENSING INTAKE COMPLAINT FORM

DATE COMPLAINT RECEIVED	PERSON RECEIVING REPORT		
ASSIGNED TO	DATE ASSIGNED	WHY NOT ASSIGNED	
LICENSE HOLDER'S NAME	HOME PHONE	WORK PHONE	
HOME MAILING ADDRESS	CITY	STATE	ZIP

Type of License: **AFC** **CFC** **FCC** **FADS** **CRS** License Number _____
 (circle license type(s))

REPORTER'S NAME (IF RECEIVED)	HOME PHONE	CELL PHONE	
HOME MAILING ADDRESS	CITY	STATE	ZIP CODE

NATURE OF COMPLAINT (INCIDENT, LOCATION, DATE, TIME, FREQUENCY, ETC.)

OTHERS WHO MAY HAVE ADDITIONAL INFORMATION

NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP

REPORTED TO CHILD PROTECTION:	YES	NO	N/A
REPORTED TO COMMON ENTRY POINT:	YES	NO	N/A
REPORTED TO LAW ENFORCEMENT:	YES	NO	N/A

INVESTIGATION CHECKLIST

RULE PART/STATUTE	ALLEGED RULE VIOLATION(S)
1.	
2.	
3.	
4.	
5.	

INVESTIGATIVE FINDING (USE ADDITIONAL SHEETS OF PAPER IF NEEDED)

DATE OF DISPOSITION:

DISPOSITION OF EACH LICENSING VIOLATION

Occurred: _____

Did not occur: _____

No determination can be made: _____

CORRECTIVE ACTION TAKEN

No action required: _____

Correction order issued: _____

Recommendation of negative action to DHS: _____