

FORM 13 - Grievance Form

Submit to:
ICDVP, Inc.
P. O. Box 429
LaGrange, IL 60525

Please name the certified site and/or certified individual against which you are submitting a complaint.

Agency/site:

Individual:

Explain your complaint in detail and attach supporting documentation including dates or timeframes, names, addresses, and telephone numbers of involved parties/agencies and witnesses.

You may be contacted by ICDVP Inc. for additional information.

Name:

Phone Number:

Address:

City:

Zip Code:

County:

E-mail Address:

Signature

Date