

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: _____