

# FORM 13 - Grievance Form

Submit to:

ICDVP, Inc.

P.O. Box 1009

Oak Park, IL 60304

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: \_\_\_\_\_