

**STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

State Board for the Certification of Residential Child Care Program Administrators
4201 Patterson Avenue • Baltimore, Maryland 21215
Telephone – 410.764.5996 • Fax – 410.358.5674

COMPLAINT FORM

| I. Complainant Information: | | |
|--|-------------|------|
| Last | First | MI |
| Name of Individual Filing the Complaint: | | |
| Mailing Address of Individual Filing Complaint: | | |
| City: | State: | Zip: |
| Home Phone: | Work Phone: | |
| Email Address: | | |
| May we reveal your identity during the investigation of your complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| II. Child's Information: | | |
|---|------------------------------------|----------------|
| Last | First | MI |
| Name of Child Involved in the Incident: | | |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Social Security Number (if known): | Date of Birth: |

| III. Residential Child Care Program Information: | | |
|--|-----------------|------|
| Last | First | MI |
| Name of Program Administrator: | | |
| Name of Residential Child Care Program Involved in the Incident: | | |
| Address: | | |
| City: | State: | Zip: |
| Licensing Agency: | License Number: | |

IV. Complaint:

Date of Occurrence of Complaint:

Brief description of complaint (attach additional sheet(s) and any additional appropriate documentation, if necessary).

Have you reported this incident or concern to the person in charge of the residential child program?

Yes No

Have you reported this incident or concern to the residential child care program's licensing agency?

Yes No

| V. Witnesses to the Complaint: | |
|--|--|
| <i>State the names, addresses and telephone numbers of all persons who witness, or who have other knowledge of your complaint or the incident:</i> | |
| Name | Contact Information, If Known (Include Telephone Number) |
| | |
| | |
| | |

| VI. If the complaint is made by a person other than the resident: |
|--|
| Your name and relationship: |
| Did you personally investigate the matters set forth in this complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If not, or if others assisted you in the investigation, state the names and titles of person(s), if any, who investigated or assisted. |
| Do you have any reports or other written communications directed to you with respect to the complaint? If so, please attach copies of such material to this complaint form. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please state any further information regarding this complaint which you wish to convey to the Board. |

| VII. Affirmation and Signature: | | |
|--|-----------------------------------|---------------|
| I hereby declare and affirm under the penalties of perjury that the matters and facts set forth in the foregoing complaint are true and correct, to the best of my knowledge, information, and belief. | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"> _____ Signature of Complainant </td> <td style="width: 40%; border: none;"> _____ Date </td> </tr> </table> | _____ Signature of Complainant | _____ Date |
| _____ Signature of Complainant | _____ Date | |

