

**Complaint Submittal** *(completed by complainant)*

Your name (person making this complaint): \_\_\_\_\_

Your contact information: \_\_\_\_\_

Name of client receiving CDCN services: \_\_\_\_\_

Your relationship to the client: \_\_\_\_\_

 Description of your complaint *(attach separate page if needed)*:

---



---



---



---



---



---



---



---



---



---

 \_\_\_\_\_  
*Signature*

 \_\_\_\_\_  
*Date*

Submit by <b>Mail</b> : 60 E. McDermott Drive, Suite B, Allen TX 75002; <b>Email</b> : infoCDTX@consumerdirectcare.com; or <b>Fax</b> : 1-866-409-5389
---

**Complaint Investigation and Resolution** *(completed by CDCN)*

Date complaint received at CDCN Texas: \_\_\_\_\_

Name and title of person investigating the complaint: \_\_\_\_\_

Names of persons contributing information: \_\_\_\_\_

Details of investigation and findings:

---



---



---



---



---



---



---

Resolution summary:

---



---



---



---



---



---

 Client/complainant notified of resolution on \_\_\_\_\_ by  phone  email  mail.  
 (date)

 \_\_\_\_\_  
*Investigator Signature*

 \_\_\_\_\_  
*Date*

 \_\_\_\_\_  
*State Director Name*

 \_\_\_\_\_  
*Signature*

 \_\_\_\_\_  
*Date*
