

**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 Mail:** 800 E. Campbell Road, Suite 345, Richardson TX 75081  
**Email:** infoCDTX@consumerdirectcare.com; or **Fax:** 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*