FORMAL CONCERNS OR COMPLAINTS

Please mail completed forms to:
CA-PRTF Grant Director
402 W. Washington Street, W353
Indianapolis, IN 46204
Or, you may fax this form to our secure fax line: 317-233-1986

Date: _____

Name of person completing form: _____

Contact Information (email or phone): _____
*Contact information is only required if you wish to hear back from us regarding this concern or complaint.

Name of CA-PRTF grant recipient: _____

Please describe the complaint or issue, including details of persons, services and dates involved, as applicable:

All complaints will be followed up by a member of the CA-PRTF grant team within 72 working hours of date received.
March 2010