





## NOTICE OF GRIEVANCE & REQUEST FOR REVIEW

NAME

BUSINESS NAME

DCF LICENSE NO.

ADDRESS

PHONE

FAX

EMAIL

DATE OF INCIDENT / DISPUTE

CATEGORY OF GRIEVANCE/COMPLAINT/DISPUTE *CHECK ALL THAT APPLY*

- |  |   |
|--|---|
| <input type="checkbox"/> Licensing Issue       | <input type="checkbox"/> Payment Dispute                                |
| <input type="checkbox"/> Loss of Services      | <input type="checkbox"/> Other <i>please explain in the space below</i> |
| <input type="checkbox"/> Parent/Client Dispute |   |

Describe in detail the nature of your grievance/complaint/dispute and describe the resolution you are seeking: *Please include supporting documents and an additional statement if necessary*