

## Michigan CSFP/TEFAP Complaint Form

### Section A: Complainant Information

Name
Address
Phone Number/Email Address
Name and Location of Agency/Site where incident occurred

### Section B: Incident Details

Describe the incident. Be sure to include dates, location, address, names, and the specific details of what occurred.	
Witness Name	Phone/Email Address
How would you like this resolved?	

### Section C: Proxy Information

If someone other than the complainant has filled out this form, please provide your information below.

Printed Name
Phone Number/Email Address

### Section D: Receiving Agency Information

To be filled out by the Agency/Site.

Agency/Site Name
Received by (Printed Name and Title)
Date Received