

**Michigan CSFP/TEFAP  
Complaint Form**

**Section A: Complainant Information**

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

**Section B: Incident Details**

**Describe the incident. Be sure to include dates, location, address, names, and the specific details of what occurred.**

<b>Witness Name</b>	<b>Phone/Email Address</b>
<b>How would you like this resolved?</b>	

**Section C: Proxy Information**

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

<b>Printed Name</b>
<b>Phone Number/Email Address</b>

**Section D: Receiving Agency Information**

**To be filled out by the Agency/Site.**

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