

**Northwest Indiana First Steps
Concern/Complaint Form**

In regards to: _____
Circle one: Provider Service/Intake Coordinator SPOE LPCC

Case (child's name): _____

Please provide a brief explanation of the matter:

Name/Role: Family Provider SPOE LPCC

Contact phone number or email

Signature*

Date

Signature of family member (if applicable)*

Date

*Please note that by signing this form you are giving consent for information to be shared with the Northwest Indiana First Steps Oversight Committee and First Steps State Consultants.

*Fax or mail completed form to NWI First Steps at (219) 662-7510 or 11045 Broadway, Suite F, Crown Point, IN 46307. Please call (219) 662-7790 with any questions.