

EARLY LEARNING COALITION OF OKALOOSA & WALTON COUNTIES COMPLAINT FORM

Date Received:		By (individual ta	By (individual taking the complaint):						
FROM	□ Family	Provider			□ Other				
	Name:	·							
	Address:								
	Phone:								
	Email:								
AGAINST	□ Family	Provider		□ OEL	□ Other				
	Name:		·	·					
	Address:								
	Email:								
COMPLAI	NT WHO WHAT	, WHERE, AND WHEN (U	lse reverse side or ad	ditional paper if nec	essarv)				
PROVIDE	PROVIDER STATUS								

REPORTED TO:	DATE	METHOD	
□ ABUSE REGISTRY			
□ STATE LICENSING (DCF)			
LOCAL LICENSING			

REPORT STATUS (submitted, pending, accepted)

OUTCOME	DATE NOTIFIED:		
NO LICENSE ACTION TAKEN			
□ LICENSE SUSPENDED	□ YES	□ NO	DATE LIFTED:
LICENSE REVOKED	□ YES	□ NO	
DATABASE STATUS:			