

REGISTER DSS EVALUATOR (LPA) COMPLAINTS

FCCPAC is gathering information on complaints to develop a data base and evaluate consistency of LPA activities on inspections.

This Information will not be posted on Web-site or published

Provider Name _____ License No. _____

Address _____ Fax _____

City _____ e-mail _____

Name of Evaluator _____ Date of Visit _____

Was visit Routine? yes no Did visit result from a complaint? yes no

Details of complaint _____

Did Evaluator identify Title 22 Violation? yes no

If yes, which one (item number or explanation) _____

Was your License Suspended? yes no

Were you notified to attend an Administrative Hearing? yes no

If yes, have you contacted an attorney? yes no

If complaint was due to an injury to a child or an allegation of child abuse did you report the incident to your insurance company? yes no

I understand the above information is confidential and may be used for the purpose of attempting to initiate legislative action or bring matters to the attention of the Dept of Social Services **and that such use will not include my name with out my written permission**

Signed _____ Date _____

**MAIL TO: FCCPAC c/o Joseph Silverman
16601 Ventura Blvd. Suite 500
Encino, CA 91436**

