

FCL 030
11/20

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Foster Care Licensing
PO Box 1424 Topeka, Kansas 66601-1424
500 SW Van Buren Street 2nd Floor Topeka, Kansas 66603
Website: <http://www.dcf.ks.gov>



Regulatory Complaint Intake

Section 1: License Program Type:
Choose an item.

Section 2. Provider Information:
Facility Name:
Facility License Number:
Facility Address:
Facility Phone Number:

Section 3. Reporter Information:
Name:
Address:
Phone Number:
Relationship:

Section 4. Regulatory Concerns:
Allegations/Concerns:

Section 5. Name of Person Receiving Complaint
Date Complaint Received:
FCL Staff Receiving Complaint: .
Date Complaint sent to Supervisor for screening:

Section 6. Complaint Review DCF Use Only
FCL Supervisor/Designee Reviewing Complaint:
Complaint Decision:
Reason for not assigning:
FCL Supervisor/Designee Concurring with not assigning:
Decision Date: