



**Minimum Standards for Abuse Intervention Programs  
Complaint Form G**

*This form is also available electronically on the ICADV website.*

<b>Date:</b>	
<b>Name of Complainant:</b>	
<b>Contact Information:</b>	<b>Phone:</b> <b>Email:</b>
<b>Date Submitted:</b>	

**Preferred Contact Method:**

- Phone
- Email

**Best time to contact you:**

- Morning
- Afternoon
- Evening

Agency Name	Employee(s) Involved

**Have you filed your complaint with the program?**

- Yes
- No

**Date complaint was filed with program:**

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**ICADV has my permission to disclose my name/affiliation to the program/facilitator?**

- Yes
- No

**Can ICADV contact you for additional information regarding your grievance?**

- Yes
- No

**Describe your complaint**

**Notes/Comments**