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:

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_____ _____
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.