|  |  |
| --- | --- |
| Participant Site Name and Address: | Participant ID#: |
| Phone Number: |
| Coach Agency Name: |
| Participant Name: | Date Form Completed: |

**Directions:** Please complete this form and submit to the First Things First Quality First Team by email or mail. All submissions will be reviewed by First Things First.

Email: QualityFirst@FirstThingsFirst.org

First Things First

Quality First Team

4000 N. Central Ave. Ste. 500

Phoenix, AZ 85012

The questions below are to be answered by the person making the complaint or by a person acting with knowledge and consent of the person making the complaint.

1. Describe the complaint/issue.
2. Has there been any attempt to resolve the complaint with the Quality First Team (Quality First coordinator, coach, assessor, consultant, supervisor etc.)? If so, please describe details of the telephone discussion, meetings, or written correspondence. Please also include a copy of the Targeted Support Plan, if applicable.
3. Do you have recommendations for possible solutions?

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Participant Name Participant Signature Date