

**DFCS / Personal Advocate Unit
Communication Form
Customer Concerns / Complaints / Inquiries**

Date:		County:	
Customer's Name:			
Customer's AU Number or SSN:			
Customer's Contact Number(s):			

County Staff Name or Caseload Number:	
Advocate's E-mail Address:	

Programs: (Check the appropriate program(s) in regard to the call)

TANF		MAO		FS		CC		GA	
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Nature of Concern/Complaint:	
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Date Response Due from County:	
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Action Taken by County:

Explanation of Resolution:	
-	

Date Action Completed by County:	
Date County Made Contact with Customer:	

	Yes / No
Has concern/complaint been resolved?	
Does the concern/complaint require further action?	