



## FEEDBACK FORM

**Instructions:** Please use this form to provide your comments regarding any aspects of Consumer Direct Care Network Virginia's (CDCN) services provided through the Virginia Consumer Directed Services program. Please submit this form via mail, fax or email attachment.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Please Print)

**You are a (please check):** ☐ Consumer ☐ Consumer's Authorized Representative  
☐ Employer of Record ☐ Attendant ☐ Agency Representative

**Please check the box that applies:** ☐ Compliment ☐ Suggestion ☐ Complaint

**Please describe the compliment, suggestion or complaint:**

**Would you like us to contact you?** ☐ Yes ☐ No

If yes, please provide your contact information:

Please send the completed form to CDCN by one of the following ways:

**Email:** InfoCDVA@ConsumerDirectCare.com

**Fax:** 1-877-747-7764

**Mail:**

Consumer Direct Care Network Virginia  
Virginia Consumer-Directed Services Program  
6802 Paragon Place, Suite 430  
Richmond, VA 23230

For CDCN office use:

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

Action Taken: ☐ Resolved ☐ Not Resolved ☐ Submitted to Program Manager

Plan: (Please use back of form)