



# FEEDBACK FORM

Directions: Please complete all the sections except the gray one at the bottom of the page. Mail, email or fax the form to Consumer Direct Care Network AllCare.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)

You are a (please check):  Employee  Consumer  Agency  Other

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please check the box that applies:  Compliment  Suggestion  Complaint  
Would you like us to contact you?  Yes  No If yes, how:  phone  email  mail

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

Please mail, email or fax completed and signed form to:  
Consumer Direct Care Network AllCare  
60 E. McDermott Drive, Suite B  
Allen, Texas 75002  
Toll Free Fax: 877-533-1407  
Email: infocdac@consumerdirectcare.com

### **For AllCare Office Use:**

Date received: \_\_\_\_\_ (This form must have a received date stamp)  
Actions Taken: Resolved Scanned and submitted via email to CDMS Quality Improvement  
Action Plan: (Please use back of this form)

\_\_\_\_\_  
CDCN AllCare Signature Date Printed Name