



**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  
300 Arboretum Place, Suite 410  
Richmond, VA 23236

For CDCN office use:  
Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_  
Action Taken:  Resolved  Not Resolved  Submitted to Program Manager  
Plan: (Please use back of form)