



**FEEDBACK FORM**

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

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

**You are a (please check):**  Participant (Veteran)  Veteran’s Authorized Representative  
 Employer of Record  Employee  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:**  
CDCOTimesheets@ConsumerDirectCare.com  
**Fax:** 1-866-924-9072

**Mail:**  
Consumer Direct Care Network Colorado  
Veteran Directed Care Program  
7951 East Maplewood, Suite 125  
Greenwood Village, CO 80111

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