



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: infoVeterans@consumerdirectcare.com

Fax: 1- 877-898-0417

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)