

Ohio Department of Alcohol and Drug Addiction Services



COMPLAINT RECORD

10-04-05P03:51 RCVD

Complainant Information

Name: ISAC CORPORATION

Address: PO Box 164

City: Beaumont State: Virginia

County: Fauquier Zip Code: 22712

Daytime Telephone: 540 522 9276

Complaint Registered Against:

Name: KIDS HELPING KIDS

Address: 6070 Branch-Hill Guinea Pike

City: MILFORD State: OH

County: CLERMONT Zip Code: 45150

Daytime Telephone: (513) 575 7300

**Complaint**

Please describe what happened, including dates and times, and state any concerns you wish to make known. Include names of witnesses and/or other persons with information regarding your complaint and copies of documents relevant to your complaint. (Use back of page and/or attach additional sheets if necessary.)

SEE ATTACHED

**Complaint History**

Has the person/Board/Agency against whom you are registering this complaint been made aware of the complaint?

Yes

No

If Yes, briefly describe the outcome.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you registered a complaint with any other organization (e.g. credentialing board, other state department)?

Yes

No

If Yes, please list the following information for each organization

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Complainant Certification and Signature**

I hereby certify that the above information is accurate to the best of my knowledge. I authorize representatives of the Ohio Department of Alcohol and Drug Addiction Services to disclose, at their discretion, my name and the facts as I allege in investigating the complaint filed with the Department.

Shelly L. Emschew  
Signature of Complainant

April 5, 2005  
Date

For Internal Use Only  
Complaint received/recorded by: \_\_\_\_\_ Date: \_\_\_\_\_  
ODADAS\QACC\rrmtu:\k-comply\complaint-record.cc 3/15/99