Maryland State Department of Education
Division of Rehabilitation Services
Workforce & Technology Center

Consumer Complaint Form

Complete this form to express your concern or dissatisfaction with Workforce & Technology Center services or staff. Submit this form to Michele Pinto, RN, Risk Manager. Make a copy of this form for your record before submitting it.

Name: _____

Complaint:

Action/Actions I Feel Should Be Taken To Resolve My Complaint:

Signature: _____ **Date:** _____

WTC management will respond to your complaint within two weeks. If you disagree with the response, you may contact the Client Assistance Program (CAP) to discuss your right to appeal. (CAP, 2301 Argonne Drive, Baltimore, MD 21218, 410-554-9363/1-800-638-6243, cap.dors@maryland.gov.)