



MEETING WITH PROGRAM MANAGER AND CCSS DIRECTOR

Date and Time of Meeting \_\_\_\_\_

CCSS Staff Present for the Meeting \_\_\_\_\_

Results of the Meeting \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was issue resolved?  Yes  No Would you like another meeting?  Yes  No

Consumer's Signature and Date \_\_\_\_\_

Program Manager's Signature and Date \_\_\_\_\_

CCSSD Director's Signature and Date \_\_\_\_\_