If you need assistance with completing this form:

Contact the Office of the Ombudsperson at:

(916) 875-2000

Department of Child, Family, and Adult Services Office of the Ombudsperson

Department of Child, Family, and Adult Services

9750 Business Park Drive, Suite 220

Sacramento, CA 95827

Office of the Ombudsperson

Stamp required

Department of Child, Family, and **Adult Services**

Office of the **Ombudsperson**



Formal Complaint Form

FORMAL COMPLAINT

Note: Your current services will NOT be adversely effected in any way by filing a complaint. If you have a Formal Complaint, please complete this form, seal, stamp, and mail.

Please print	or write legibly. Be specific.	
Date:	Service Program:	Your Name:
Address: (City/State/Zip):		Phone Number:
Name of Ch	ild/Adult Complaint is about:	(Please include best time to call)
Your Relation	onship to Child?Adult:	
	e reason(s) for requesting a <u>Formal Complain</u> ever possible:	nt. Please be specific by including names, dates, and
Name of Sta	aff Person:	Date(s) of incident:
Describe Co	omplaint or Nature of Complaint:	
	ı tried to resolve the problem(s) befote rec	
Yes	Please describe what you have done to tr	y to resolve the problem and include the results.
No 🗆	I did not make any prior attempt(s) to res	olve the complaint.
2. What wo	ould you like to see happen to resolve this	complaint?
Todav's dat	e: Your signa	ture: