

If you need assistance with completing this form:

- *Contact the Office of the Ombudsperson at:*

Phone: 916-875-2000

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

Department of Child, Family, and Adult Services  
Office of the Ombudsperson  
9750 Business Park Drive, Suite 220  
Sacramento CA 95827

Stamp  
Required

## Sacramento County Department of Child, Family, and Adult Services

### Office of the Ombudsperson



### Formal Complaint Form

## SACRAMENTO COUNTY BOARD OF SUPERVISORS

District 1, Honorable Phil Serna  
District 2, Honorable Patrick Kennedy  
District 3, Honorable Rich Desmond  
District 4, Honorable Rosario Rodriguez  
District 5, Honorable Patrick Hume

County Executive

David Villanueva

## FORMAL COMPLAINT

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

Please write legibly. Be specific. *específica/o,*

Date: \_\_\_\_\_ Service Program: \_\_\_\_\_ Your Name: \_\_\_\_\_

Address (City/State/Zip) \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Please include the best time to call)

Name of Company is about.....

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100 | *Geographies of Violence*

Describe the reason(s) for requesting a Formal Complaint. Please be specific by including names, dates, and times, whenever possible:

Name of Staff Person:

Describe Complain or Nature of Complaint:

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1. Have you tried to resolve the problem(s) before requesting a Formal Complaint?

**Yes**  Please describe what you have done to try to resolve the problem and include the results.

**NO**  I did not make any prior attempt(s) to resolve this complaint.

## 2. What would you like to see happen to resolve this complaint??

Today's date: \_\_\_\_\_  
Your signature: \_\_\_\_\_