

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
9750 Business Park Drive, Suite 220
Sacramento CA 95827

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

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. Be specific. Be specific.

Date: _____ Service Program: _____ Your Name: _____

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

Name of Child/Adult Complaint is about: _____

Your Relationship to Child/Adult: _____

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

Name of Staff Person: _____ Date(s) of Incident: _____

Describe Complain or Nature of Complaint:

[illegible]

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: