

If you need assistance with completing this form:

- *Contact the Office of the Ombudsman at:*

Phone: 916-875-2000

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

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

Stamp
Required

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

Office of the Ombudsman



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 Sue Frost
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. especifica/o.

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 Complian or Nature of Complaint:

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 problema 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: _____
