

**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 Sue Frost
- District 5, Honorable Patrick Hume

**County Executive
David Villanueva**

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

Stamp
Required

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

**If you need assistance with
completing this form:**

➤ **Contact the Office of the
Ombudsperson at:**

Phone: 916-875-2000

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.

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 Complaint 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 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: _____
