

Sacramento County DHHS FORMAL COMPLAINT

Note: Your current services will NOT be adversely affected in anyway 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: _____

Name of Child/Adult Complaint is about: _____

Your Relationship to Child/Adult: _____

Address (City/State/Zip): _____

Phone Number: _____
(Please indicate best time to call)

1. 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: _____

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

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

NO I have not made any prior attempts to resolve the complaint.

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

Today's Date: _____ Your Signature: _____

If you need assistance with completing this form, contact the Ombudsman Program at (916) 875-2000.

Send this completed form to: Sacramento County Department of Health & Human Services
Ombudsman Program
7001 A East Parkway, Suite 1000
Sacramento, CA 95823