

**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
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