

If you need assistance with completing this form:

➤ *Contact the Office of the Ombudsman at:*

(916) 875-2000

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

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

34 cent
Stamp
required

Department of
Child, Family, and
Adult Services


Office of the
Ombudsman



**Formal
Complaint
Form**

FORMAL COMPLAINT

Note: Your current services will NOT be adversely effected in any way 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 include 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 attempt(s) to resolve the complaint.

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

Today's date: _____

Your signature: _____
