



HEALTH AND HUMAN SERVICES AGENCY
EL DORADO COUNTY
Transforming Lives and Improving Futures

PUBLIC FEEDBACK FORM

Please submit completed form to HHSA Personnel for processing.

Email: HHSA-Personnel@edcgov.us **Phone:** (530) 642-4844

Mail: 3057 Briw Road., Ste. B, Placerville CA 95667

Disclaimer: You may submit complaints and feedback anonymously, However, please note that providing limited or no contact information may restrict the ability to investigate or respond to your feedback or concern. By submitting this form, you acknowledge and consent that any personally identifying information you provide may be used by designated Health and Human Services Staff solely for the purpose of reviewing and addressing your submission.

Full Name	Phone
Mailing Address	Email
Date of Submission	Date of Occurrence
Reason for Visit	
Program(s) Involved	
Office Location	

How was your experience? Please select one: Positive Negative Not Applicable

Please provide us with any information you feel we should know about your experience.

This may include staff information, the situation involving your feedback, or any general comments. Please attach an additional page for further information.

Name of Involved HHSA Staff	Job Title	Additional Comments

HHSA staff section:

Received By: _____ **Date:** _____

Routed To: _____

Management Actions and Response: _____

Manager Signature: _____ **Date:** _____

Executive Review Comments: _____

Deputy Director/ CFO Review: _____ **Date:** _____

Assistant Dir/Director Signature: _____ **Date:** _____

Follow up communication with respondent:

Date: _____ **Communication Method:** _____

Notes: _____

