

PUBLIC COMPLAINT

Received By: _____ Date: _____

Last Name: _____ First Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Case # (if any): _____ Case Name (if any): _____

Please describe the problem:

Please suggest a solution:

Email this form to the appropriate Program Manager and copy to Director's office.

County Use Section: _____ # Assigned: _____

Management Actions and Response:

Manager _____ Date: _____

PM II/CFO Review:

Deputy Director/CFO Review: _____ Date: _____

Assistant Dir/Director Sign-off: _____ Date: _____