

## PUBLIC COMPLAINT

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Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Case # (if any): \_\_\_\_\_ Case Name (if any): \_\_\_\_\_

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Please describe the problem:

Please suggest a solution:

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

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County Use Section:

# Assigned:

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**Management Actions and Response:**

Manager \_\_\_\_\_ Date: \_\_\_\_\_

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**PM II/CFO Review:**

Deputy Director/CFO Review: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant Dir/Director Sign-off: \_\_\_\_\_ Date: \_\_\_\_\_