NICK MACCHIONE, FACHE
DIRECTOR

DEAN ARABATZIS
CHIEF OPERATIONS OFFICER

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
1600 PACIFIC HIGHWAY, SAN DIEGO, CA 92101-2417
(619) 515-6555 • FAX (619) 515-6556

CITIZEN COMPLAINT FORM

Today's Date: _____ Date of incident or event related to complaint: _____

Location of incident or event (office/program/place of visit): _____

Name of person submitting complaint: _____

Mailing address: _____

Telephone number/s: _____

Child's Name (if applicable): _____ Child's Birth Date (if applicable): _____

Explain or describe your complaint (attach additional sheet if needed):

_____

_____

_____

_____

_____

_____

What action or resolution are you seeking (attach additional sheet if needed)?

_____

_____

_____

_____

Return this form to:

Health and Human Services Agency
Attention: Executive Office – Mail Stop P501
P.O. Box 85524
San Diego, CA 92186-5524