COMPLAINT FORM
COUNTY OF SANTA CLARA
c/o CLERK OF THE BOARD OF SUPERVISORS
70 W. HEDDING STREET, 10th FLOOR, SAN JOSE, CA 95110

NAME: ___________________________ DATE: ___________________________

ADDRESS: __________________________________________________________________

PHONE: ___________________________ EMAIL: ___________________________

This concerns (brief subject only): __________________________________________________________________

Date of the incident: __________________________________________________________________

Frequency of occurrence (if applicable): __________________________________________________________________

Person(s) or Agency(ies) previously contacted: Please list the agencies, officials, or persons contacted previously to attempt to resolve this issue, including the names, titles, phone numbers, contact dates, and resulting action or disposition.

CONTACT 1:
Name: __________________________________________________________________
Position/Title: __________________________________________________________________
Department/Agency: __________________________________________________________________
Address: __________________________________________________________________
Phone: __________________________________________________________________
Contact Date(s): __________________________________________________________________
Resulting Action or Disposition (if any): __________________________________________________________________

CONTACT 2:
Name: __________________________________________________________________
Position: __________________________________________________________________
Department: __________________________________________________________________
Address: __________________________________________________________________
Phone: __________________________________________________________________
Contact Date(s): __________________________________________________________________
Resulting Action or Disposition (if any): __________________________________________________________________
Provide in your own words information describing your complaint/concern(s).


Submit Complaint Form to: County of Santa Clara
c/o Clerk of the Board of Supervisors
70 W. Hedding Street, 10th Floor
San Jose, CA 95110
Fax: (408) 298-8460
Email: cobreceptionist@cob.sccgov.org