

CUSTOMER SERVICE COMPLAINT

This is not a Claim Against the County Form

Person Registering Complaint:

- 1. Full Name: _____
- 2. Mailing Address: _____
- 3. Email Address: _____
- 4. Contact Number: _____

Complaint Registered Against:

5. Name of Department:

- | | | |
|---|---|--|
| <input type="checkbox"/> Agricultural Commissioner | <input type="checkbox"/> Assessor | <input type="checkbox"/> Auditor |
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Board of Supervisors | <input type="checkbox"/> Clerk of the Board |
| <input type="checkbox"/> Council of Governments | <input type="checkbox"/> County Administration Office (CAO) | <input type="checkbox"/> Dept. of Child Support Services |
| <input type="checkbox"/> District Attorney | <input type="checkbox"/> Elections/Clerk Recorder | <input type="checkbox"/> Geographical Information System (GIS) |
| <input type="checkbox"/> Health and Human Services | <input type="checkbox"/> Information Technology (IT) | <input type="checkbox"/> Library |
| <input type="checkbox"/> Office of Emergency Services (OES/EMS) | <input type="checkbox"/> Probation | <input type="checkbox"/> Public Defender |
| <input type="checkbox"/> RMA- Planning and Building | <input type="checkbox"/> RMA – Public Works | <input type="checkbox"/> Sheriff/Coroner |
| <input type="checkbox"/> Treasurer/Tax Collector | | |
| <input type="checkbox"/> Other: _____ | | |

6. Name of Person(s): _____

Information Regarding Complaint:

- 7. Date of Alleged Incident: _____
- 8. Place of Alleged Incident: _____
- 9. Please give description of complaint:

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10. Did you contact the department regarding the incident?

- Yes
- No

11. If yes, Name of person contacted and date contacted:

As a courtesy to the complainant, upon receipt of the complaint, the Clerk of the Board's office forwards a copy of the complaint to the Board of Supervisors and also to the Department Head of the involved department for their response. Our office does not contact the involved department regarding resolution of the complaint.

Please return form to:

Vanessa Delgado

Clerk of the Board

481 Fourth St.

Hollister, CA 95023

vdelgado@sanbenitocountyca.gov