

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): _____

