

# **Complaint Form**

Date:	-							
Complaint submitted to the IHSS Public Authority via:								
This Complaint Form	Email Writ	mail 🗌 Written Letter/Statement 🗌 Fax						
Section 1. Personal Information								
The Complainant is: Individual Provider/Caregi Please Print	iver 🗌 Consumer/C	ient 🗌 Other						
Name of Complainant		Social Security Number (for Individual Provider only)						
Address		Email Address						
City		Zip Code						
Home Phone	Cell Phone	Other Phone						

## Section 2. Nature of Complaint

#### (to be completed by Complainant or attach written complaint)

(Explain in detail the nature of the complaint including any relevant dates, names, etc relevant to the complaint. Feel free to attach a written statement or additional pages if necessary)

#### Section 3. Requested Solution

(to be completed by Complainant or attach written complaint)

(Explain in detail what you are requesting as a resolution to your complaint.)

Signature of Complainant (unless complaint submitted by email or other written statement)

IHSS Public Authority Administrative staff initials complaint submitted by email or other written statement):\_\_\_\_\_

# Please return this complaint form to the Public Authority by the following methods:

- Lobby: In-person or dropbox
- Telephone: (866) 351-7722
- Fax: (858) 224-0254
- Website: https://www.sdihsspa.com/contact/
- Mail: Public Authority Attn: Admin. Department 401 Mile of Cars Way, Suite 200, National City, CA, 91950

### Section 4. To be completed by Public Authority Representative

Complaint initially forwarded to:

Supervisor	 Date
Department Manager	 Date

#### 4A. Findings/Conclusion

4B. Suggested Corrective Action (if applicable)

4C. Findings and Corrective Action Reviewed and Approved by:

Deputy Director / Executive Director			Date		
Section 5. Findings and corrective action were provided to Complainant					
By: Telephone	Email	Mail	🗌 Fax		
By IHSS Public Authority Representative					
Date					
Once all sections are completed, please forward the Complaint Form and any					

attachments to the Administrative Secretary.