

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.