



**COMPLAINT AGAINST
 COUNTY DEPARTMENT OR ENTITY**

NOTE: This is not a Claim form; Claims Against the County must be filed with Risk Management (909/386-8631).

PERSON REGISTERING COMPLAINT:			
Last Name : _____	First: _____		
Physical Address: _____	City: _____	Zip: _____	
Mailing Address: _____	City: _____	Zip: _____	
Contact Phone No: _____	Email Address: _____		

COMPLAINT REGISTERED AGAINST:			
Name of Department(s): _____			
Name of Person(s): _____			
Address: _____	City: _____	Phone #: _____	

INFORMATION REGARDING COMPLAINT:
Date of alleged incident: _____
Place of alleged incident: _____
Please give description of complaint (attach additional sheets if necessary): _____

ADDITIONAL INFORMATION:
Did you contact the department regarding the incident? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, name of person contacted: _____ Date Contacted: _____
Results of contact (attach additional sheets if necessary): _____

As a courtesy to the complainant, upon receipt of 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.

Signature: _____ Date: _____

Return completed/signed form to address listed above. Thank you.