

**COUNTY OF SAN BERNARDINO  
DEPARTMENT OF BEHAVIORAL HEALTH  
SHELTER SERVICES COMMENT/COMPLAINT FORM**

**NAME: (FILING COMMENT/COMPLAINT)**

**TELEPHONE NUMBER:**

**NAME OF SHELTER SERVICE PROVIDER YOUR COMMENT/COMPLAINT IS ABOUT?**

<p><b>Would you like to remain Anonymous: (please check)</b>   <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Would you like to be contacted: (please check)</b>   <input type="checkbox"/> Yes    <input type="checkbox"/> No          (Provide Telephone Number Above)</p>	<p><b>PROVIDER ADDRESS (Number and Street, City):</b></p>
--	--	---

<p><b>NAME OF PERSON WITH WHOM YOU DEALT WITH:</b></p>	<p><b>PROVIDER TELEPHONE NUMBER:</b></p>
--	--

**STATE YOUR COMMENT/COMPLAINT** (Be specific – who, what, when, where, how: attach additional pages if needed):

<p><b>COMPLAINT SUBMITTED BEFORE? (please check)</b>   <input type="checkbox"/> Yes    DATE ____ <input type="checkbox"/> _____    NO</p>	<p>If Anonymous, please do not sign.   <b>SIGNATURE:</b>   <b>DATE:</b></p>
---	---

<p><b>RECEIVED BY:</b></p>	<p><b>DATE RECEIVED:</b></p>
----------------------------	------------------------------

**All information provided to DBH is confidential and subject to the Privacy Act of 1974  
COUNTY OF SAN BERNARDINO - DEPARTMENT OF BEHAVIORAL HEALTH ONLY**

<p><b>Investigation Date:</b></p>	<p><b>DBH Representative:</b></p>
<p><b>FINDING OF FACTS:</b>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>	<p><b>RECOMMENDATIONS:</b>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>

<p><b>HOMELESS SHELTER CORRECTIVE ACTION PLAN GIVEN TO PROVIDER: <input type="checkbox"/> Yes <input type="checkbox"/> No</b></p>	<p><b>DBH PMII SIGNATURE:</b></p>
---	-----------------------------------