

Formal Complaint Form

The Ombudsman is available to help Yolo County residents who are having difficulty obtaining needed services within the Yolo County Health and Human Services Agency (HHSA). The Ombudsman is a liaison between HHSA and the public, customer and other governmental or private agencies. Please note your services will not NOT be adversely affected in any way by filing a complaint. If you have a formal complaint, please complete this form and return to the Ombudsman office (to the address or email at the bottom of the page).

Your Name: _____ Date: _____

Service or Program: _____

Address: _____

City: _____ State: _____

Phone Number: _____ DOB: _____

Email: _____

If your complaint is regarding someone other than yourself, please complete the following information

Name of individual: _____ DOB: _____

Your relationship to individual: _____

1. Describe the reason (s) for your complaint. Please be specific by including names, dates and times, whenever possible.

2. Describe the steps taken to try to resolve the problem before filing a complaint.

3. What would you like to see happen to resolve this complaint?

Please send the completed form to:

814 North Street, Woodland, CA 95695 or HHSA.Ombudsman@yolocounty.org