



Community Complaint Form

DATE		ADDRESS FOR LOCATION OF COMPLAINT	
COMPLAINANT NAME		PHONE	
ADDRESS		E-MAIL	
WOULD YOU LIKE TO BE CONTACTED	Yes	No	
DETAILS OF INCIDENT (WHO WAS INVOLVED, WHAT OCCURRED)			

This form will be reviewed by the director of the department the complaint is regarding as well as the Chief Executive Officer.
Complaints can also be filed with Community Care Licensing of Fresno at
1314 E Shaw, Fresno, CA. 93710
(559)243-8080