

# DSS COMPLAINT FORM



Name of reporting party:				Telephone:	
Address:				Email:	
Reported:	<input type="checkbox"/> By phone	<input type="checkbox"/> By mail	<input type="checkbox"/> In-person	<input type="checkbox"/> By email	
Reporting party is: <input type="checkbox"/> Client <input type="checkbox"/> Public <input type="checkbox"/> Other			Date of complaint:		
Person completing this form:			Date form completed:		
Issue:	<input type="checkbox"/> MCDSS Action		<input type="checkbox"/> Staff Conduct		<input type="checkbox"/> Civil Right/Reasonable Accommodation
<input type="checkbox"/> Building/Equipment/Vehicle		<input type="checkbox"/> Safety/Hazard		<input type="checkbox"/> Law/Regulation/Policy	
Location of incident:				Date of incident:	
Describe incident/issue including person(s) involved:					
Describe attempts to resolve the incident/issue:					
Describe resolution requested:					
Response requested: <input type="checkbox"/> Phone <input type="checkbox"/> Written <input type="checkbox"/> None					
Signature:					
<b>Supervisor/Manager/Director Documentation</b>				Date received:	
Person assigned:				Date of assignment:	
Describe action taken and outcome, and explain if the outcome differs from the requested resolution:					
Format of response: <input type="checkbox"/> Verbal <input type="checkbox"/> Written			Date response given:		
Status at time of response: <input type="checkbox"/> Resolved Completely <input type="checkbox"/> Resolution in progress <input type="checkbox"/> Not resolved					

**SUBMIT ALL ELECTRONIC COMPLAINTS TO [DSScomplaints@mendocinocounty.gov](mailto:DSScomplaints@mendocinocounty.gov)**

## INSTRUCTIONS FOR USING THIS FORM

- Name of reporting party, telephone, address, email address
- Reporting method: phone, mail, in person, by email
  - If grievance is received by mail or email include a copy of the communication with the form.
- Category of reporting party: client, member of the public or other
- Person completing the form—may be the same as above, or maybe a supervisor or other person receiving the information
- Define the issue among those listed or “Other:” and fill in that blank
- Location and date of incident
- Description of incident
- Description of attempts at resolution of the issue
- Description of resolution requested
- Response desired: phone, written, or none
- Signature of party completing the form
- **Supervisor/Manager/Director Documentation:**
  - This section is to be used by those investigating the complaint.

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If the grievance is a Civil Rights or reasonable accommodation complaint, please contact the Civil Rights Coordinator at [civilrightscoordinator@mendocinocounty.gov](mailto:civilrightscoordinator@mendocinocounty.gov) and/or provide the complainant the GEN 1179 form to complete. Please note that the 1179 form is not required to file a Civil Rights complaint.

### Office of Ombudsman

#### Long-Term Care Ombudsman - Consumer | California Department of Aging - State of California

Long-Term Care Ombudsman representatives assist residents in long-term care facilities with issues related to day-to-day care, health, safety, and personal preferences. Problems can include, but are not limited to:

- Violation of residents' rights or dignity
- Physical, verbal, mental, or financial abuse
- Poor quality of care
- Dietary concerns
- Medical care, therapy, and rehabilitation issues
- Medicare and Medi-Cal benefit issues
- Improper transfer or discharge of a resident
- Inappropriate use of chemical or physical restraints

FYH | Foster Youth Help (ca.gov) The Office of the Foster Care Ombudsperson is a neutral and independent office that helps solve problems and complaints about the care, placement, and services of children and youth in foster care. We help foster youth, social workers, probation officers, resource families and advocates understand the rights of children and youth in foster care.