



County of San Mateo Complaint Form

PLEASE NOTE:

This form is to submit written concerns about a County department, division or service. If you wish to file a claim for damages, you must submit a ***Claim against the County*** form to the Clerk of the Board of Supervisors.

Please print legibly or type

Name			
Address			
City, State, ZIP	City	State	ZIP Code
Phone Number	()	<input type="checkbox"/> cell <input type="checkbox"/> other	
Email Address			

Describe basis of complaint (*continue on reverse side if needed*):

Signature of person making complaint: _____ **Date:** _____

Please return form to:
 COMPLAINTS, Board of Supervisors
 400 County Center, 1st floor
 Redwood City, CA 94063
 or fax: 650-363-1916

Your complaint will be distributed to the appropriate officials for response and/or action.

For Internal Use Only		
To	Date	Reply
CM		
CC		
Dept.-		
Other		