Name:	Date:
Address:	Zip:
Email:	Phone:
Complaint (attach any additional information): Please use back of form for additional space.	
Signature:	
courteous manner. Other County depart needed. The Executive Office or and information, so please be sure to prov be contacted with information regarding the County. In some cases, the County outcome. This complaint may be subjective.	ed by the Executive Office and will be handled in a timely and timents will be contacted and involved in the investigation as other county department may contact you to obtain more vide complete and accurate contact information. You may ge the outcome of your complaint, including action taken by may be prohibited by law to provide full disclosure of the ect to a Public Records Request, pursuant to the California (250) and, therefore, confidentiality cannot be assured.
County of S	Please return form to: San Luis Obispo, Executive Office, Street, D430 San Luis Obispo CA 93408
Executive Office Use Only	
Analyst Assigned Complaint:	Date: