County of San Luis Obispo
Administrative Office Citizen Complaint Form

Name: ____________________________ Date: ________________
Address: ________________________________________________ Zip:__________________
Email: ____________________________________________ Phone: _______________

Complaint (attach any additional information): Please use back of form for additional space.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature: ________________________________

Note: All complaints will be investigated by the Administrative Office and will be handled in a timely
and courteous manner. Other County departments will be contacted and involved in the investigation as
needed. The Administrative Office or another county department may contact you to obtain more
information, so please be sure to provide complete and accurate contact information. You may be
contacted with information regarding the outcome of your complaint, including action taken by the
County. In some cases, the County may be prohibited by law to provide full disclosure of the outcome.
This complaint may be subject to a Public Records Request, pursuant to the California Public Records
Act (Government Code 6250) and, therefore, confidentiality cannot be assured.

Please return form to:
County of San Luis Obispo, Administrative Office,
1055 Monterey Street, D430 San Luis Obispo CA 93408

Administrative Office Use Only

Analyst Assigned Complaint: ____________________________ Date: ____________