Consumer Complaint Form Clackamas County Social Services Division

Use to document formal complaint procedure

Consumer's Name	Today's Date and Time
Home Telephone or Message Number	
Mailing Address:	
Please describe in your own words what happened.	
What action would you like taken?	
	_
	_
Consumer's Signature	

MEETING WITH PROGRAM MANAGER AND CCSS DIRECTOR

Date and Time of Meeting
CCSS Staff Present for the Meeting
Results of the Meeting
Was issue resolved? □Yes □No Would you like another meeting? □ Yes □ No
Consumer's Signature and Date
Program Manager's Signature and Date
CCSSD Director's Signature and Date