

CITIZEN COMPLAINT FORM
REGARDING COUNTY DEPARTMENT/PROCEDURE

Date: _____

1. Name of the County Department in which you were conducting business:

2. Name of the County employee(s) assisting you:

3. Please describe your complaint:

Please provide us with your name, address, and phone number so that we may contact you in an effort to resolve this problem

Name _____

Address _____

City, State Zip _____

Phone _____

Please Return to: Trinity County Administrative Officer
PO Box 1613
Weaverville, CA 96093