San Bernardino County
Clerk of the Board of Supervisors
385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130
(909) 387-3841 Fax (909) 387-4554
Internet: www.sbcounty.gov/cob

CUSTOMER SERVICE COMPLAINT

NOTE: This is not a claim form. To file a claim for damages, the form entitled "Claims Against the County for Damages" must be filed with Risk Management (909-386-8631).

PERSON REGISTERING COMPLAINT:

Last Name: _____ First: _____
Physical Address: _____ City: _____ Zip: _____
Mailing Address: _____ City: _____ Zip: _____
Contact Phone No: _____ Email Address: _____

COMPLAINT REGISTERED REGARDING:

Name of Department(s): _____
Name of Person(s): _____
Address: _____ City: _____ Phone #: _____

INFORMATION REGARDING CUSTOMER SERVICE COMPLAINT:

Date of alleged unsatisfactory customer service: _____
Place of alleged unsatisfactory customer service: _____
Please give description of unsatisfactory service (attach additional sheets if necessary):

ADDITIONAL INFORMATION:

Did you contact the department regarding the incident? Yes ☐ No ☐
If yes, name of person contacted: _____ Date Contacted: _____
Results of contact (attach additional sheets if necessary):

As a courtesy to the complainant, upon receipt of the customer service complaint, the Clerk of the Board's office forwards a copy of the complaint to the Board of Supervisors and the department head of the involved department for their response. Our office does not contact the involved department regarding resolution of the complaint.

Signature: _____ Date: _____

Return completed/signed form to address listed above. Thank you.