

# CITIZEN'S COMMENT/COMPLAINT FORM

Please use a separate form for each comment/complaint



The Consumer Complaint Act of 1997 requires the Civil Rights Department (CRD) to provide a method for use by California citizens to comment/complaint about the Boards, Programs, or Divisions within this Department.

Your name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you wish to remain anonymous?  Yes  No

*If you wish to remain anonymous, we may not be able to address your specific issue. Every effort, however, will be made to do so without revealing your identity*

Select the Division that this comment or complaint is about:

Name of person with whom you dealt:

Select the location of the office:

Describe your comment or complaint. Please be specific and explain, who, what, when, where and how:

Today's Date: \_\_\_\_\_

**SUBMIT FORM**

*Please email this form to [appeals@calcivilrights.ca.gov](mailto:appeals@calcivilrights.ca.gov) or use the submit button above. You may also print and mail this form to: CRD, Attn: Quality Assurance Manager, 651 Bannon Street, Suite 200, Sacramento, CA 95811*