

# Larimer County Department of Human Services (LCDHS) Complaint Form

Attn: Executive Assistant to the Director

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Your Current Status:  Applicant for Services  Parent, Guardian, or Legal Custodian of Client  
 Client  Other: \_\_\_\_\_

What is your concern or complaint? Please include the name(s) of any specific LCDHS employee(s) involved and details of their involvement.

What is your specific involvement with the concern or complaint?

What specific outcome(s) do you desire?

Please list the name(s) and title(s) (if you know) of any LCDHS employees with whom you have discussed your concerns, as well as the outcome of those discussions.

Once you have completed this form, please send it to either the fax number or mailing address listed below. The Executive Assistant or other staff member will contact you within 24 hours during the business week.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

