

**Tulare County Health & Human Services
Alcohol & Other Drug Division**

Comment / Complaint Form

PERSON FILING COMMENT/COMPLAINT:	WHICH DIVISION/PROGRAM IS YOUR COMMENT/COMPLAINT ABOUT?
ADDRESS (Number and Street):	PERSON WITH WHOM YOU DEALT:
CITY, STATE, ZIP:	LOCATION OF ABOVE:
TELEPHONE NUMBERS (daytime, with area code):	FAX NUMBER/E-MAIL ADDRESS (if any):
STATE YOUR COMMENT/COMPLAINT (Be specific - who, what, when, where, how; attach additional pages if needed):	
HAVE YOU CONTACTED US BEFORE ON THIS MATTER? WHEN? WHO WAS YOUR CONTACT?	
SIGNATURE _____ DATE _____	

All information provided is confidential and subject to the Privacy Act of 1974

Email - AODHOTLINE@TULAREHHS.AORG

Fax - (559) 737 - 4572