



HUMAN SERVICES DEPARTMENT

Adult & Aging Services Division

3725 Westwind Blvd., Santa Rosa, CA 95403
P.O. Box 1539, Santa Rosa, CA 95402

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ANGELA STRUCKMANN
Department Director

PAUL DUNAWAY
Division Director

Adult & Aging Grievance Form

Name:

Address:

Phone:

Email:

Preferred Contact: ☐ Phone ☐ Email ☐ Mail

Please describe your concern or complaint:

What outcome or resolution would you like to see?



Do you need assistance completing this form? ☐ Yes ☐ No

Signature (optional): _____

Date: _____

Please return this form to the Reception Desk or mail to: Sonoma County Human Services Department, Adult & Aging Division, 3725 Westwind Blvd., Santa Rosa, CA 95403

For Adult & Aging Staff Received by _____ Date/Time _____
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