



**ALAMEDA COUNTY PROBATION DEPARTMENT  
PUBLIC COMPLAINT FORM  
REGARDING VENDORS/SERVICE PROVIDERS**



**COMPLAINANT:**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

*Note: Citizenship or immigration status of a complainant does not prevent any individual from filing this complaint, nor will it be taken into consideration during the investigation of such complaint.*

**VENDOR(S)/SERVICE PROVIDER(S):**

Names or Descriptions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Note: If unclear whether the individual or group is a vendor/service provider, contact ACPD at [Probationproviderfeedback@acgov.org](mailto:Probationproviderfeedback@acgov.org) or via telephone (510) 268-7981.*

**WITNESS(ES):**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**INCIDENT LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_**

**DETAILS OF COMPLAINT: (Attach additional pages if necessary)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**I have read and understood the above statement.**

**Complainant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

COMPLAINT RECEIVED BY:

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_\_\_

In Person \_\_\_\_\_ Phone \_\_\_\_\_ Mail \_\_\_\_\_ E-Mail \_\_\_\_\_ Other \_\_\_\_\_

COMPLAINANT SENT/GIVEN COPY BY:

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_