

Sierra Nevada Children's Services Public Complaint Form

Complainant Name:	Date:
Phone Number:	
Nature of Complaint:	
unlawful discrimination har	rassment towards client/family of SNCS
failure to comply with state and federal laws/	regulations that govern SNCS programs
other:	
Please describe the problem:	
Please provide examples to support the complain	
Please provide dates or approximate dates that t	he incident occurred:
Please provide names of SNCS staff members inv	olved:
The administration will investigate all complaints. assured. The confidential fax number is (530) 272-1354, At	Confidentiality and protection against retaliation are
OR you may mail to:	

Attn: Executive Director 420 Sierra College Drive, Suite 100 Grass Valley, CA 95945