



# CLARK COUNTY SOCIAL SERVICE COMPLAINT FORM

To file a complaint related to the Clark County Social Service, please complete this form and return it to the receptionist or office supervisor at any office or fax it directly to the Ombudsman at (702) 868-2544.

Date of Incident: \_\_\_\_\_ CCSS Client Case #: \_\_\_\_\_ (if you have one)

Client's Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Client's Contact Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State Zip Code

Name(s) of Clark County Social Service Staff: \_\_\_\_\_

Select the Category(s) that Apply to Your Complaint:  
 Customer Service     Don't Understand Eligibility     Other (Write In): \_\_\_\_\_

What is Your Complaint?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clark County Office Location Where the Incident / Experience Occurred:

<input type="checkbox"/> Cambridge Annex 3885 S. Maryland Pkwy Las Vegas, NV 89119	<input type="checkbox"/> Henderson 522 E. Lake Mead Parkway, Ste. 4 Henderson, NV 89015	<input type="checkbox"/> Ryan White 2820 W. Charleston Blvd., Ste. B #15 Las Vegas, NV 89102
<input type="checkbox"/> Community Resource Center 2432 N. Martin Luther King Blvd., Bldg. D North Las Vegas, NV 89032	<input type="checkbox"/> Pinto (Main) 1600 Pinto Lane Las Vegas, NV 89106	
<input type="checkbox"/> Fertitta 1501 N. Main Street Las Vegas, NV 89101	<input type="checkbox"/> Step Up 501 S. Rancho Drive, Ste. #D-22 Las Vegas, NV 89106	

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### Do Not Write Below – For CCSS Office Use Only

Complaint Sent To:	Date Sent:	Complaint Sent To:	Date Sent:
<input type="checkbox"/> Supervisor _____		<input type="checkbox"/> Director _____	
<input type="checkbox"/> Division Manager _____		<input type="checkbox"/> Ombudsman _____	
<input type="checkbox"/> Assistant Director _____			

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resolution:  
 Substantiated  
 Unsubstantiated

Resolved By: \_\_\_\_\_