



CLARK COUNTY SOCIAL SERVICE COMPLAINT FORM

To file a complaint related to the Clark County Social Service (CCSS) Department; please complete this form and return it to the receptionist or office supervisor at any office, or Fax 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"/> Fertitta
1501 N. Main Street
Las Vegas, NV 89101 | <input type="checkbox"/> Community Resource Center
2432 N. Martin Luther King Blvd., Bldg. D
North Las Vegas, NV 89032 |
| <input type="checkbox"/> Cambridge Community Center
3900 Cambridge Street #202
Las Vegas, NV 89119 | <input type="checkbox"/> Pinto (Main)
1600 Pinto Lane
Las Vegas, NV 89106 | <input type="checkbox"/> Henderson
522 E. Lake Mead Parkway Ste. 4
Henderson, NV 89015 |

Signature: _____ Today's Date: _____

Do Not Write Below – For CCSS Office Use Only

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

Resolution:

- Substantiated
 Unsubstantiated
 Unable to Substantiate

Resolved By: _____

NOTE: This form is used for complaints ONLY. Requests for appeals of service denials must be filed separately.