



LADCFS Client Complaint Form

Today's Date: _____

Client's Name: _____

Client's Date of Birth: _____ Client's Phone #: _____

Incident Date: _____ Incident Time: _____

Collection Site Name: _____

Collection Site Address: _____

Name(s) of Collection Site Personnel Involved: _____

Reason for complaint(s), please select from the following:

- A male/female collector was unavailable to perform an observed collection
- The collection site opened late or closed early, indicate arrival time: _____
- Experienced a long wait time, indicate wait time: _____
- Other: _____

Once complete, please return this form to:
dcfs@phamatech.com or by FAX: (858) 635-5843