

Cattaraugus County Department of Social Services

Use this form for personnel or programmatic complaints.

Name:	Phone number: ()
Address:	
email address:	Best time to reach you:
Would you like us to contact you to discuss this matter? ____ Yes ____ No	
Do you have a representative for this matter? if yes, please provide their contact information.	
Who or what is the nature of your complaint? (use additional pages, if necessary):	
When did this incident occur?	
Please list any Social Services staff involved in this matter:	
How would you like to see this resolved?	
Have you made a complaint about this matter with any other agency or court? ____ Yes ____ No	
If yes, with which agency/court?	
When did you make or file your complaint?	
Signature:	Date:

Shaded areas are required.

Return to:
Anthony Turano, Commissioner
Cattaraugus County Department of Social Services
One Leo Moss Drive • Olean, NY 14760
email: CattCoDSSSurvey@cattco.org
phone: 716-701-3691 • fax: 716-701-3724



Complaint form • Attachment A
(for office use only)

Date of contact with complainant:		
Face-to-face _____ Telephone _____ other (specify)		
Other parties contacted		
Name	Role	Date
Findings:		
Actions taken:		