

Instructions:

1. Your real name as the complainant is required for submission of a complaint
2. A signed original copy of the form is required
3. Your complaint must be mailed in to:

CASOMB Unit Manager
1515 S Street, 212-North
Sacramento, CA 95811

CALIFORNIA SEX OFFENDER MANAGEMENT BOARD

1515 S Street, 212-North
Sacramento, CA 95811

COMPLAINT FORM

Submission of this form means that you are filing a formal complaint with the California Sex Offender Management Board (CASOMB) about a CASOMB certified provider or provider agency. Please complete this form as instructed in its entirety. Incomplete or insufficiently detailed forms will be returned without review. Upon receipt of the completed form, CASOMB will review the complaint according to the most recent version of the Sex Offender Treatment Provider Certification Requirements. CASOMB can only respond to violations of the Sex Offender Treatment Provider and/or Provider Agency Requirements, posted online at www.casomb.org under the Certification tab.

<i>COMPLAINANT'S NAME:</i>		<i>PHONE:</i>
<i>ADDRESS:</i>	<i>CITY:</i>	<i>ZIP:</i>
<i>E-MAIL:</i>		
<i>SERVICE PROVIDER/Provider Agency (A CASOMB listed provider must be named):</i>		<i>PROVIDER PHONE:</i>
<i>ADDRESS:</i>	<i>CITY:</i>	<i>ZIP:</i>

I. NATURE OF COMPLAINT:

Please provide a description of the situation or circumstances related to the violation of the requirements. Please refer to the Sex Offender Treatment Provider and/or Program Certification Requirements for details. Continue on a separate sheet if needed and attach any supporting documentation or verification.



II. STANDARD(S) VIOLATED:

The specific CASOMB Requirement(s) must be cited and how they were allegedly violated by the provider. Please refer to the Sex Offender Treatment Provider and/or Program Certification Requirements for details. Continue on a separate sheet if needed.

III. STEPS TAKEN TO RESOLVE THE COMPLAINT:

CASOMB believes that most complaints can be resolved by addressing the issue directly with the source of the complaint. What steps have you taken to resolve this complaint at the Containment Team Level?

IV. DESIRED OUTCOME:

Please describe what you would like to occur in order to resolve the situation. Continue on a separate sheet if needed.

Thank you for addressing your concerns to the Board. You will be notified in writing if further information is required e.g., a HIPAA release for confidential treatment information. You will receive written notification of the decision. Names will only be disclosed to the extent necessary to resolve the complaint.

Name	Signature	Date