Name					Current Date	12/16/14
Address					Phone Number	
City		State	Zip Code		Email	
Do you wish to f you wish to rema nowever, will be n	iin anonymous,	we may not be a		our specific issue	● Yes <i>E. Every effort,</i> ○ No	
Select the Divis	ion that this c	omment or co	mplaint is abo	out.		
Name of perso	n with whom y	you dealt.				
Select the locat	ion of the offic	ce				
Describe your comment or complaint. Ple- be specific and explain, who, what, when, wl and how.						

Please email this form to contact.center@dfeh.ca.gov or use the submit button below. You may also print and mail this form to: DFEH, Attn: Quality Assurance Manager, 2218 Kausen Drive, Suite 100, Elk Grove, CA 95758.

Submit by Email

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