

**KERN COUNTY AGING AND ADULT SERVICES  
GRIEVANCE COMPLAINT FORM**



**When Completed Mail To:**  
Jeremy Oliver, Interim Director  
Aging & Adult Services  
5357 Truxtun Avenue, Bakersfield, CA 93309

**NAME:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**TELEPHONE NUMBER:** \_\_\_\_\_  
**DATE OF INCIDENT:** \_\_\_\_\_  
**TIME OF INCIDENT:** \_\_\_\_\_  
**LOCATION OF INCIDENT:** \_\_\_\_\_  
**SERVICE PROVIDER:** \_\_\_\_\_  
**TYPE OF SERVICE PROVIDED:** \_\_\_\_\_  
**DATE REPORTED:** \_\_\_\_\_

You have a right to privacy and only information relevant to the complaint may be released to the responding party.

**NAMES OF INDIVIDUALS INVOLVED:**

\_\_\_\_\_

\_\_\_\_\_

**NAMES OF WITNESS(ES):**

\_\_\_\_\_

\_\_\_\_\_

**ISSUE OF CONCERN/DISPUTE: (Continue on reverse side if necessary)**

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