



OFFICE OF HUMAN RELATIONS & CITIZENS COMPLAINTS

JACKSON COUNTY COURTHOUSE

415 EAST 12TH STREET
KANSAS CITY, MISSOURI 64106
881-3670
FAX: 881-6338

OMBUDSMAN FOR JACKSON COUNTY

COMPLAINT FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

PHONE NUMBER _____

1. Jackson County department, division or service your complaint is about:

2. County employee(s) you have dealt with (name, position, agency):

3. Witnesses / others involved (name, address, telephone number):

Summary of your complaint:

You may attach additional sheets, submit supporting documents or written statements

4. In your view what would be the best way to resolve your complaint?

I affirm that the above statement and facts are true and correct to the best of my knowledge.

Signature

Date

Please bring, mail or fax your complaint to the Jackson County Office of Human Relations and Citizen Complaints Office

