

The Department of Social Services (DSS) wants to hear from you regarding the service you receive. This information is used to continuously improve service delivery.

If you are satisfied with our service, complete the attached "Service Satisfaction Statement" (DSS 340) and mail to:

Department of Social Services
Attn.: DSS Satisfaction Coordinator
PO Box 8119
San Luis Obispo, CA 93403-8119

The form can also be dropped off at our San Luis Obispo office:

3433 S. Higuera Street, San Luis Obispo

If you are not satisfied with our service:

1. Discuss your concern with your assigned worker. If you cannot resolve the problem, complete the "Service Satisfaction Statement" section of this brochure and either mail it or deliver it in person to the above addresses.
2. Discuss your concerns with your worker's supervisor. You can reach the supervisor by calling 781-1700 for child welfare program questions or 781-1600 for all other programs.
3. If you cannot resolve the problem with either your worker or his/her supervisor, contact a Regional Manager by calling 781-1825 or speaking to your assigned attorney or the judge who is hearing your case

If your problem involves the denial of a **Resource Family Home Approval** you may request a State Hearing by completing the back of the **Notice of Action - Denial of Home Assessment/Approval (NA 1271)** and mailing it to:

State Hearings Division
744 P Street, M.S. 9-17-81
Sacramento, CA 95814
FAX: 916-651-5210

You may also complete the attached Service Satisfaction Survey and return it to:

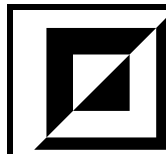
Department of Social Services
Attn.: DSS Satisfaction Coordinator
PO Box 8119
San Luis Obispo, CA 93403-8119

Complaints have different filing dates. Beginning with the date of the action that caused the complaint, it must be filed within the following days:

- General Complaint 90 days
- Resource Family Home 10 days

This pamphlet is available on the DSS Internet website:

<https://www.slocounty.ca.gov/departments/social-services>



**A Responsible and Caring
Community:
Safe, Resilient, and Healthy**

County of San Luis Obispo Department of Social Services



Service Satisfaction Survey

SERVICE SATISFACTION STATEMENT

Please print or write legibly. Be specific.

Your Name: _____ Phone Number: _____

Address (City/State/Zip): _____

Name of Child/Adult: _____

Relationship: _____

Name of Worker: _____ Service Program: _____

If dissatisfied, please note the Department of the DSS employees with whom you have discussed your concerns: _____

Describe your satisfaction/dissatisfaction with the service you received.

Indicate what change you would like to see.

Today's Date: _____ Your Signature: _____