



TORRES MARTINEZ TRIBAL TANF
66-725 Martinez Road
Thermal, CA 92274

COMPLAINT FORM

This form may not be used for program service appeals:

TANF Office Location: _____ Case Worker: _____

Name: _____ Client Case No (RT) _____
Last First MI

Address: _____
Street Address City County Zip Code

Home Phone: (____) _____ Work/Other Phone: (____) _____

Briefly Describe Problem or Complaint (Include date, time, and name(s) if possible) :

How can we help resolve this issue? _____

Signature: _____ Date: _____

Please mail complaint form to:

Torres Martinez Tribal TANF
Attn: Executive Office
P. O. Box 969
Thermal, CA 92274

Office Use Only (Complaints must be directed to Executive Office):

Received By (Staff member): _____ Date: _____ Post Date: _____

Received By Executive Assistant: _____ Date: _____

Referred To (Designee): _____ Date: _____

Notes (attached documents): _____
