

SUBMIT TO:
Richardson Bay Regional Agency
3501 Civic Center Drive, Room 308
San Rafael, CA 94903-4157
Email to: jmalcolm@marincounty.org

COMPLAINT FORM
Richardson Bay Regional Agency

Your Name: _____ **Today's date:** _____

Address: _____

Street Number _____ **City** _____ **State** _____ **Zip** _____

Phone Number: _____

Home _____ **Business** _____

Mailing Address for all Notices: _____

(If same as above, insert "same")

Date of Incident: _____

Description of your Complaint: _____

You may mail or hand deliver this form to the address above.