

Fort Bend County Health and Human Services- File a Complaint

Submit a Complaint to Fort Bend County Health and Human Services (FBCHHS):
If you have concerns or are unhappy with the services you receive, you can submit a complaint.

* Required

1. Please identify who is submitting the form: *

- I'm filling this out for myself.
- I'm filling this out for someone else.
- I work for a government/legislative office and I'm filling this out for someone else.

2. What specific Fort Bend County Health and Human Services (FBCHHS) Division/Program is the complaint associated with: *

- Administration
- Animal Services
- Chronic disease Program
- Clinical Health Services
- Communications, Education and Engagement
- Emergency Medical Services (EMS)
- Epidemiology
- Environmental Health
- Indigent Health Program
- Long-Term Response
- Performance Policy and Innovation
- Public Health Emergency Preparedness and Response
- Social Services

3. Have you already tried talking to someone at a FBCHHS office or program about this question or complaint? *

- Yes
- No

4. If yes, tell us an employee name or where that person works or where that office is located. If you don't know the address, tell us as much as you can, such as a street and city name:

5. First Name: *

6. Last Name: *

7. Case number/Case Worker (If applicable):

8. Birth Date:
(mm/dd/yyyy)

9. Address line 1:

10. Address line 2:

11. City: *

12. State:

13. Zip Code: *

14. Phone number: *

15. Email Address: *

16. Briefly tell us about your question or complaint: *