

# Dane County Department of Human Services

## Comprehensive Community Services – Grievance/Complaint Form



*If you need assistance completing this form, please call (608) 504-0062.*

**Return Completed Forms via Mail, E-Mail or Fax.**

<b>MAIL:</b> Dane County Dept. of Human Services Attn: CCS Client Rights Specialist 1202 Northport Drive, Madison, WI 53704	<b>EMAIL:</b> ccs@danecounty.gov	<b>FAX:</b> (608) 283-2994
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**Complainant Information**

Full Name:		Suffix (Jr., III):
Address:		
Phone #:	Email:	
Right(s) Violated:		
Complainant Signature:		Date:

*Describe your complaint below (if you need more room, please use the back side or attach additional sheets). State **all facts**, including **date and time of incident, place of incident, names of others involved, witnesses (if any), what actions you have taken up to this point and action you wish the Client Rights Specialist to take in reference to the complaint.** Please **clarify the right(s) you believe were violated** as it relates to the complaint. Complaints are protected from retaliation by state law.*