

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.

MAIL: Dane County Dept. of Human Services Attn: CCS Client Rights Specialist 1202 Northport Drive, Madison, WI 53704	EMAIL: ccs@countyofdane.com	FAX: (608) 283-2994
HIPAA Complaints will be forwarded to: Dane County Records Control Officer/HIPAA Privacy & Security Officer		

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.*