Dane County Department of Human Services

Grievance/Complaint Form

If you need assistance completing this form, please call 608-504-0062 for Behavioral health and substance abuse programs, or 608-242-6200 for all other programs.

You can complete this form online through the QR code to the left, or at https://DCDHS.com/Complaint-Form

If you would like to hand-write your complaint, you can complete the form below and mail it to:
Dane County Dept. of Human Services, Attn: NPO Front Desk, 1202 Northport Drive, Madison, WI 53704

Your Information

Full Name: _____

Street Address:_____

City, State, Zip Code:_____

Phone Number:_____

Email Address:_____

What program or service is your complaint about? Use list and field below to enter the name of the program/Service

- Adult Protective Services (APS)
- Aging and Disability Resource Center (ADRC) (long-term care, enrollment, and screening)
- Aging and Disability Resource Center (ADRC) (All other services)
- Area Agency on Aging (AAA) (including elder benefit specialists, senior meals, caregiver supports)
- Behavioral Health Programs (other than CCS)
- Behavioral Health Resource Center (BHRC)
- CDBG or HOME programs
- Child Protective Services (CPS)
- Comprehensive Community Services (CCS)
- Dane County Youth Assessment (DCYA)
- Disability Services (for example, Birth to Three, CLTS)
- Early Childhood Zones
- Emergency Shelter
- Housing Programs
- Immigration Affairs, Joining Forces for Families (JFF), or Community Restorative Court (CRC)
- Language Access (interpreters/translation)
- Out of Home Care /Foster Care/Kinship Care
- Representative Payee Unit
- The Beacon
- Youth Justice & Prevention (YJP)
- none of the above or unsure

Enter Program/Service Name:_____

Who is the complaint against?

Program or provider: _____

Date of Incident: _____

Which right(s) do you believe were not upheld? _____

Revised: 6/29/2026

*Describe your complaint below (if you need more room, please 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 Department or program 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.*

For more information about your rights and the complaint process, visit: https://dcdhs.com/complaints