

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@danecounty.gov	FAX: (608) 283-2994
HIPAA Complaints will be forwarded to: Dane County Records Control Officer/HIPAA Privacy and 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.*