WINNEBAGO COUNTY DEPARTMENT OF HUMAN SERVICES CHILD WELFARE COMPLAINT AND GRIEVANCE FORM

Name:
Address:
Telephone Number:
Email Address:
Case Name:
Relationship to Case Participants:
Have you spoken to the agency worker? yes no
Have you spoken to the supervisor? yes no
PLEASE DESCRIBE YOUR COMPLAINT/CONCERNS. PLEASE BE AS SPECIFIC AS POSSIBLE. INCLUDE ANY NAMES OR DATES AS THIS MAY HELP RESOLVE YOUR COMPLAINT. (use the back of this form or attach additional information to describe your concerns)

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HOW WOULD YOU LIKE TO SEE YOUR COMPLAINT RESOLVED?			
	- <u></u>		
Signature		Date	
Return form to			
. Column Tomin to	Annette Beattie, Child Welfare Division Manager		
	Winnebago County Human Services 220 Washington Ave, P.O. Box 2187		

Complaints will be reviewed in a timely manner. We will reach out to you to discuss the concern and gather additional information. Responses will be provided in writing within 60 days of receipt of complaint/concern.

Oshkosh, WI 54903-2187

abeattie@winnebagocountywi.gov

920-236-4605