WINNEBAGO COUNTY DEPARTMENT OF HUMAN SERVICES COMPLAINT AND GRIEVANCE FORM

Name:
Address:
Telephone Number:
Email Address:
Who are you working with from our agency?
Have you spoken to the agency worker? yes no
Have you spoken to their supervisor? yes no
PLEASE DESCRIBE YOUR COMPLAINT/CONCERNS SPECIFICALLY.
INCLUDE ANY NAMES OR DATES AS YOU CAN (use the back of this form or attach additional information to describe your concerns)

Page 2 What would you like to happen?			
Signatu	re	Date	
Return form to: Complaint and Grievance Officer/Clients Rights Specialist			
Winnebago County Human Services			
P.O. Bo	x 2187		
220 Wa	shington Ave		
Oshkos	h, WI 54903-2187		

We will contact you if we need additional information. You will receive a written response within 30 days of receipt.