

Name: _____

Telephone Number: _____

Have you spoken to their supervisor? ____ yes ____ no

INCLUDE ANY NAMES OR DATES AS YOU CAN (use the back of this form or attach additional information to describe your concerns)

[illegible]

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are approximately 20 lines visible. The paper has a slightly aged or off-white appearance.

Return form to: Complaint and Grievance Officer/Clients Rights Specialist

P.O. Box 2187

Oshkosh, WI 54903-2187