Complaints are protected from retaliation by state law.

Describe your complaint below (if you need more room, please use the back side or attach additional sheets). State all facts, including date of incident and time, place of incident, names of others involved, witnesses (if any), what actions have you taken up to this point, and action you wish the Department to take.

COMPLAINT INFORMATION:
Name: _________________________________________________________________________________
Address: _______________________________________________________________________________
City, State, Zip: _________________________________________________________________________
Home Phone: _____________________________   Work Phone: ________________________________

DANE COUNTY DEPARTMENT OF HUMAN SERVICES
CCS CUSTOMER COMPLAINT FORM

Signature of Complainant: _______________________________ Date: ______________

Complaints are protected from retaliation by state law.
ISSUES INVOLVED

- Discrimination
- Treatment
- Access to Services

FOR OFFICE USE ONLY

- Harassment
- Other (Specify)

Complaints are protected from retaliation by state law.