



**DANE COUNTY DEPARTMENT OF HUMAN SERVICES
CCS CUSTOMER COMPLAINT FORM**

If you need assistance completing this form, please call (608) 504-0062
Return completed form to: Adult Community Services Division,
Attn: CCS Client Rights Specialist, 1202 Northport Drive, Madison, WI 53704

COMPLAINT INFORMATION:

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

*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.*

Signature of Complainant: _____ Date: _____

FOR OFFICE USE ONLY

ISSUES INVOLVED

- Discrimination**
- Treatment**
- Access to Services**

- Harassment**
- Other (Specify)**