

**MONROE COUNTY CHILD SUPPORT AGENCY  
ADMINISTRATIVE COMPLAINT PROCESS PLAN**

**Agency Complaint Process**

Child Support case participants will be notified of the complaint process by placing a copy of this plan with the appropriate forms in the lobby of the Child Support, by request and by availability on the Agency page on the County website.

Complaints must be in writing on the designated Complaint Form. If a complaint is made in the form of a letter or an email, the Complaint Form will be mailed to the person within 3 working days.

Complaints will be date-stamped upon receipt.

Complaints may be filed with the Director of the Child Support Agency or the County Administrator.

**COMPLAINTS PROCESS TIMELINES**

Within 20 business days of receipt of the complaint form, the fact finder will review the circumstances of the case and make a written determination.

The written results will be mailed to the complainant within 10 business days of the determination.

**FACT FINDER AND RECORD KEEPING**

The designated fact finder will be Director of the Child Support Agency.

If the complaint is directed at the Director of the Agency, the fact finder shall be the County Administrator.

Complaints will be stored in a file under the label "Complaint Process." The Complaint Process file will be located in the Monroe County Child Support Office.

## **AGENCY CUSTOMER SERVICE PLAN**

A copy of the Monroe Child Support Agency Customer Service Plan is attached.

This policy is effective May 1, 2022 and replaces the previous policy.

Agency Name: **MONROE COUNTY CHILD SUPPORT AGENCY**

Tina Osterberg  
Monroe County Administrator  
Tina.Osterberg@co.monroe.wi.us  
Executive Center Building  
124 N Court St  
Sparta WI 54656  
(608) 269-8944

Pamela S. Pipkin,  
Child Support Director  
Pamela.Pipkin@co.monroe.wi.us  
Monroe County Child Support Agency  
112 S Court St, Room 2100  
Sparta WI 54656  
(608) 269-8809

## ADMINISTRATIVE COMPLAINT FORM

If you believe that your local child support agency has delayed or not taken a mandatory action on your case as required by federal regulation or state law, please complete this form.

Once the form is submitted, your local child support agency is required to review the facts in your case and notify you of a determination whether or not an error has occurred or a required action has not been taken.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME/CELL PHONE: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

IV-D CASE NUMBER OR COURT CASE NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME OF OTHER PARENT: \_\_\_\_\_

I request a review of my case. I believe that an error has occurred or an action was not taken that should have been taken on my case.

(Please attach statement describing the action that you think should have been taken but was not taken and when you think the action should have occurred. Also describe any information provided to you by your case worker. Include copies of any evidence in support of your request).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_