

# Monroe County Department of Human Services

## COMPLAINT / GRIEVANCE FORM

Please complete this form within 45 calendar days of the complaint incident and return to:

Kelly Gronau, Office Manager  
210 W Oak St  
Sparta, WI 54656

### Contact Information

Name of Person Filing Complaint: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Consumer/Client  
(If Not Person Filing Complaint): \_\_\_\_\_

Date of Birth  
and/or Case #  
(if known): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Complaint Service Area (check all that apply)

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> <b>ADRC</b> <ul style="list-style-type: none"><li><input type="radio"/> Community Health</li><li><input type="radio"/> Dementia Care</li><li><input type="radio"/> Disability Benefits</li><li><input type="radio"/> Elder Benefits</li><li><input type="radio"/> Options Counseling</li><li><input type="radio"/> Transportation Program</li><li><input type="radio"/> Nutrition Program</li><li><input type="radio"/> Other</li></ul> | <input type="checkbox"/> <b>Behavioral Health</b> <ul style="list-style-type: none"><li><input type="radio"/> APS</li><li><input type="radio"/> Crisis</li><li><input type="radio"/> CCS</li><li><input type="radio"/> CSP</li><li><input type="radio"/> Outpatient Clinic</li><li><input type="radio"/> IDP</li><li><input type="radio"/> Other</li></ul> | <input type="checkbox"/> <b>Children &amp; Family</b> <ul style="list-style-type: none"><li><input type="radio"/> Birth to Three</li><li><input type="radio"/> CLTS</li><li><input type="radio"/> CPS Access</li><li><input type="radio"/> CPS Assessment</li><li><input type="radio"/> CPS Ongoing Services</li><li><input type="radio"/> Kinship Care</li><li><input type="radio"/> Foster Care</li><li><input type="radio"/> Youth Justice</li><li><input type="radio"/> Other</li></ul> | <input type="checkbox"/> <b>Economic Support</b> <ul style="list-style-type: none"><li><input type="radio"/> FoodShare</li><li><input type="radio"/> Medicaid</li><li><input type="radio"/> Child Care Assistance</li><li><input type="radio"/> Other</li></ul> <p><i>For complaints related to benefit issuance, please contact WREA at 1-888-627-0430</i></p> |
| <input type="checkbox"/> <b>Client/Patient Rights Violation</b><br><i>Refer complaint to Client Rights Specialist for review</i>   | <input type="checkbox"/> <b>Civil Rights Violation</b><br><i>Refer complaint to Personnel Department for review</i>  |   | <input type="checkbox"/> <b>Administration</b> <ul style="list-style-type: none"><li><input type="radio"/> Clerical</li><li><input type="radio"/> Finance/Billing</li><li><input type="radio"/> Other</li></ul>   |

**Describe the Concern or Complaint.** State all facts, including date, time, place of incident, names of others involved, witnesses (if any), etc. Attach other sheets if necessary. If Client/Patient Rights Violation, also indicate the right that was violated.

**Requested Resolution.** What would you like to see happen or how would you like to see your concern or complaint resolved?

Complainant/Grievant  
Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

## COMPLAINT / GRIEVANCE RESOLUTION PROCESS

Monroe County Department of Human Services strives to assure the safety and well-being of all individuals receiving services. If you have a concern with the services provided by Human Services, you have the right to express those concerns as a complaint/grievance. Human Services has the responsibility to address your concerns as quickly and effectively as possible.

Any person receiving services (or person acting on their behalf) may file a complaint or grievance. No person shall be subject to discipline or retribution for filing or assisting in filing a grievance, for pursuing a remedy through the grievance resolution process, or for participating in any manner in this process. No sanctions will be threatened or imposed against any person, including an employee of Human Services, another county department, or a service provider, who assists an individual in filing a grievance.

**Complaint / Grievance Resolution Process:** There are two ways your concerns can be addressed – informally or formally. Whenever possible we will attempt to resolve your concerns quickly and informally.

- Person receiving services (or person acting on their behalf) presents complaint / grievance to staff person, program supervisor/manager, or the Client Rights Specialist in writing, orally, or by alternative method
- Program attempts to resolve the complaint / grievance at the time it is presented
- If not immediately resolved, the complainant/grievant is given the option of using the informal or formal resolution process.

Note 1: Complainant / Grievant may switch from informal to formal; or formal to informal process at any time.  
 Note 2: Timeframes are shorter than indicated in emergency situations. Refer to procedure.

