

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 Street
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"/> ADRC
<input type="checkbox"/> Community Health
<input type="checkbox"/> Dementia Care
<input type="checkbox"/> Disability Benefits
<input type="checkbox"/> Elder Benefits
<input type="checkbox"/> Options Counseling
<input type="checkbox"/> Transportation Program
<input type="checkbox"/> Nutrition Program
<input type="checkbox"/> Other | <input type="checkbox"/> Behavioral Health
<input type="checkbox"/> APS
<input type="checkbox"/> Crisis
<input type="checkbox"/> CSP
<input type="checkbox"/> Outpatient Clinic
<input type="checkbox"/> IDP
<input type="checkbox"/> Other | <input type="checkbox"/> Children & Family
<input type="checkbox"/> CPS Access
<input type="checkbox"/> CPS Assessment
<input type="checkbox"/> CPS Ongoing Services
<input type="checkbox"/> Kinship Care
<input type="checkbox"/> Foster Care
<input type="checkbox"/> Youth Justice
<input type="checkbox"/> Other | <input type="checkbox"/> Economic Support
<input type="checkbox"/> FoodShare
<input type="checkbox"/> Medicaid
<input type="checkbox"/> Child Care Assistance
<input type="checkbox"/> Other
<i>For complaints related to benefit issuance, please contact WREA at 1-888-627-0430</i> |
| <input type="checkbox"/> Administration
<input type="checkbox"/> Clerical
<input type="checkbox"/> Finance/Billing
<input type="checkbox"/> Other | <input type="checkbox"/> Community Based Services
<input type="checkbox"/> Birth to Three
<input type="checkbox"/> CCS
<input type="checkbox"/> CLTS
<input type="checkbox"/> Other | <input type="checkbox"/> Client/Patient Rights Violation
<i>Refer complaint to Client Rights Specialist for review</i> | <input type="checkbox"/> Civil Rights Violation
<i>Refer complaint to Human Resources Department for review</i> |

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.

