Monroe County Department of Human Services COMPLAINT / GRIEVANCE FORM

Please complete this form within 45 calendar days of the comple		2	Celly Gronau, Office Manager 110 W. Oak Street parta, WI 54656
Contact Information		-	,
Name of Person Filing Com	plaint:		
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)		
☐ ADRC ☐ Community Health ☐ Dementia Care ☐ Disability Benefits ☐ Elder Benefits ☐ Options Counseling ☐ Transportation Program ☐ Nutrition Program ☐ Other	☐ Behavioral Health ☐ APS ☐ Crisis ☐ CSP ☐ Outpatient Clinic ☐ IDP ☐ Other	☐ Children & Family ☐ CPS Access ☐ CPS Assessment ☐ CPS Ongoing Services ☐ Kinship Care ☐ Foster Care ☐ Youth Justice ☐ Other	☐ Economic Support ☐ FoodShare ☐ Medicaid ☐ Child Care Assistance ☐ Other For complaints related to benefit issuance, please contact WREA at 1-888-627-0430
☐ Administration ☐ Clerical ☐ Finance/Billing ☐ Other	☐ Community Based Services ☐ Birth to Three ☐ CCS ☐ CLTS ☐ Other	Client/Patient Rights Violation Refer complaint to Client Rights Specialist for review	Refer complaint to Human Resources Department for review
		ate, time, place of incident, names of ts Violation, also indicate the right	-
Requested Resolution. What	would you like to see happen or h	ow would you like to see your conc	ern or complaint resolved?
Complainant/Grievant			
Signature:		Date Submitt	ed:
Received by:		Date Receiv	ed:

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.

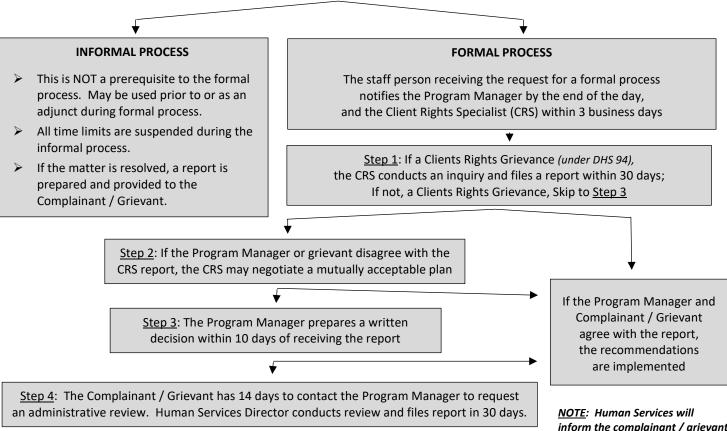
Any person receiving services (or person acting on their behalf) may file a complaint or grievance. No person shall be subject to discipline or retribution for filing or assisting in filing a grievance, for pursuing a remedy through the grievance resolution process, or for participating in any manner 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.

<u>Complaint / Grievance Resolution Process</u>: 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.



<u>Step 5</u>: the Complainant / Grievant has 14 days from receipt of the Director's decision to contact Program Manager to request state level review (if a state review is available for the program)

inform the complainant / grievant of any program-specific complaint or appeal procedures that must be followed.