**SAUK COUNTY DEPARTMENT OF HUMAN SERVICES**

**505 Broadway Street, P. O. Box 29, Baraboo, WI 53913**

**COMPLAINT FORM**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Complainant: | |  | | | | | | |
|  | | | | | | | | |
| Address: | |  | | | | | | |
|  | | | | | | | | |
| Telephone: | |  | | | | | | |
|  | | | | | | | | |
| Consumer (if not complainant): | | | | |  | | | |
|  | | | | | | | | |
| Address: | |  | | | | | | |
|  | | | | | | | | |
| Telephone: | |  | | | | | | |
|  | | | | | | | | |
| This complaint alleges violation of item       (give number, if known) of Patient Rights (Chapter 51). | | | | | | | | |
|  | | | | | | | | |
| Describe your complaint. State all facts, including time, place of incident, names of others involved, witnesses (if any), etc. | | | | | | | | |
| Relief: | | | | | | | | |
| *Select:* I  *have*  *have not* had an informal discussion with the person(s) involved.  I  *have*  *have not* submitted this complaint to the following agency: | | | | | | | | |
|  |  | | | | | | | |
| Signature of Complainant: | | | |  | | | | |
| Date Submitted: | | |  | | |  | Date Received: |  |
|  | | | | | | | | |