**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: |  |
|  |