

**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: \_\_\_\_\_