



DEPARTMENT OF HUMAN SERVICES

P.O. Box 29 • Baraboo WI 53913
(608) 355-4200 • FAX (608) 355-4299

COMPLAINT/GRIEVANCE FORM

We strive to provide care and services that meet your needs consistent with client rights requirements under DHS 94 (see back of form). If you believe your client rights have been violated or have another complaint, please complete this form and return it to any staff member or mail it to: Sauk County Department of Human Services, P.O. Box 29, Baraboo, WI 53913 (608-355-4200). If you need assistance to complete the form or wish to file a verbal complaint, please call 608-355-4200 and you will be directed to someone.

Name of Client _____ Date of Birth _____ Phone Number _____

Name of Person Completing Form _____ Relation to Client _____
(*may be the client*) Phone Number _____

Address of Person Completing Form (for correspondence) _____

Name of Program (if applicable) _____

Brief description of concern: (Date of the occurrence? What happened? Who was involved?)

How would you like this to be resolved?

Signature of Client

Signature of Person Completing Form if Different Than Client

For Staff Use Only:

Grievance/Complaint received on _____ Event occurred on _____

Is this a potential client rights violation? ☐ Yes ☐ No

List client rights violation: _____

Original: Director

Copy: Program Manager

Copy: Client