



Dane County Department of Human Services

Behavioral Health Client Rights – Grievance/Complaint Form

If you need assistance completing form, email bhclientrights@danecounty.gov.

Return Completed Forms via Mail, E-Mail or Fax.

MAIL: Dane County Dept. of Human Services Attn: BH Client Rights Specialist 1202 Northport Drive, Madison, WI 53704	EMAIL: bhclientrights@danecounty.gov	FAX: 608-242-6531 ATTN: BH Client Rights
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HIPAA Complaints will be forwarded to: Dane County Records Control Officer/HIPAA Privacy and Security Officer.

CCS complaints will be forwarded to: CCS Client Rights Specialist at CCS@danecounty.gov.

Complainant Information

Full Name:		Suffix (Jr., III):
Address:		
Phone #:	Email:	
Right(s) Violated:		
Complainant Signature:		Date:

*Describe your complaint below (if you need more room, please use the back side or attach additional sheets). State **all facts**, including **date and time of incident**, **place of incident**, **names of others involved**, **witnesses** (if any), **what actions you have taken up to this point** and **action you wish the Client Rights Specialist to take in reference to the complaint**. Please **clarify the right(s) you believe were violated** as it relates to the complaint. Complaints are protected from retaliation by state law.*