

DANE COUNTY DEPARTMENT OF HUMAN SERVICES CCS CUSTOMER COMPLAINT FORM

If you need assistance completing this form, please call (608) 504-0062

Return completed form to: Adult Community Services Division, Attn: CCS Client Rights Specialist, 1202 Northport Drive, Madison, WI 53704

acts, including date of incident and time, place of incident, names of others involved, witnesses (if any), what action: have you taken up to this point, and action you wish the Department to take.		Titti. CCS Cheft Rights Specialist, 1202 Not input Di			
Address: City, State, Zip: Home Phone: Work Phone: Describe your complaint below (if you need more room, please use the back side or attach additional sheets). State all facts, including date of incident and time, place of incident, names of others involved, witnesses (if any), what actions have you taken up to this point, and action you wish the Department to take.	COMPLAINT INFORM	MATION:			
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Signature of Complainant: Date:	Signature of Complainan	t:	Date:		

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ISSUES INVOLVED	FOR OFFICE US	DE ONL I			
Discrimination Treatment Access to Services		Harassment Other (Specify)			
	Complaints are protected from retaliation by state law.				