LA CROSSE COUNTY HUMAN SERVICES DEPARTMENT

Client Complaint/Grievance Form

Today's Date: _____________________

Name of Complainant: ___________________________ Phone: ___________________

Address: ____________________________________________________________________

City/State/Zip: __________________________________________________________________

Email address: __________________________________________________________________

Relationship to Client: ___________________________  Client: ___________________

Date of Incident: _____________________

Describe the Complaint / Issue (if needed, use additional sheet of paper to describe your concern(s):

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Have you discussed this complaint / issue with the Section’s Supervisor or Manager? ______

If so, when? ___________________________

How did the Supervisor / Manager try to solve the issue? ______________________________

___________________________________________________________________________

What resolution / result do you expect to this issue? _________________________________

___________________________________________________________________________

___________________________________________________________________________

Return to:  Jennifer Buchholtz; Client Rights Grievance Coordinator
            Director’s Office - La Crosse County Human Services Dept.
            300 N. 4th Street
            La Crosse, WI 54601
            608-785-6095
            jbuchholtz@lacrossecounty.org

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