

PRICE COUNTY HEALTH & HUMAN SERVICES DEPARTMENT
GENERAL COMPLAINT FORM

In the interest of resolving your concern, please complete this form. Attach additional pages, if necessary. If you would like help filling out the form, please let us know.

Does your concern relate to the denial, reduction, or termination of benefits such as:

- Energy Assistance Day Care certification General Relief
 Other: (please identify) _____

*Note: You may also file a Request for a Fair Hearing with the Division of Hearings and Appeals. The agency has copies of the request form and can assist you to fill it out, if needed .

Does your concern relate to the denial, reduction, or termination of services such as:

- Adult or Senior Services Licensing of Children's Foster Homes
 Physical or Developmental Disability Services Child Protection Services / Child Welfare Services
 Alcohol or Other Drug Abuse Services Juvenile Justice Related Services
 Mental Health Services Kinship Care / Foster Care
 Any other services to you or your family: (please identify) _____

*Note: You may also file a Civil Rights, HFS 94, CH 227 or other appropriate Grievance and/or complaint with this department or state and/or federal agencies, if appropriate. Department staff have copies of the forms and can assist you to fill them out, if needed.

Does your concern relate to the timeliness of any of the above benefits?

- Yes No

Does your concern relate to staff from this Department or one of our contract agencies? Yes No

If yes, please identify _____ . Have you talked to that person? Yes No

Please describe your complaint: _____

Where did this happen? _____

When did this happen? _____

What are you requesting the department do in response to your concern? _____

Name*: _____ Date: _____

Address: _____ Phone: _____

Name, address and phone of person completing form (if different): _____

Thank You

* In order for us to fully investigate your complaint and respond to your concerns we need your name, address and phone number so that we may contact you for further information or to provide you with a response to your complaint. Unsigned or anonymous complaints make it impossible for us to fully address the expressed concern. No person may intentionally retaliate or discriminate against any complainant, person acting on behalf of a complainant or employee for contacting or providing information to any official or to an employee of any state protection and advocacy agency, or for initiating, participating in or testifying in a complaint procedure or in any action for any remedy authorized by law.

Aging & Disability Services

Long Term Care Eligibility, Planning Services, &
Options Counseling
Information & Assistance
Transportation

Senior Dining - Congregate and Home Delivery
Benefit Specialist Program
Alzheimer's & Caregiver Support Programs
Adult Protective Services
Guardianship & Protective Placement

Children & Youth Services

Child Protective Services
Juvenile Justice Services
Independent Living Services
Foster Care / Kinship Care
In-Home Family Functioning Education Services

Behavioral Health Services

Mental Health Services
Substance Use Services
Comprehensive Community Support
Community Support Program
Coordinated Service Teams
Intensive Supervision Program

Economic Support Services

Income Maintenance Services
Child Care / Energy Assistance
General Relief

Public Health Services

WIC
Reproductive Health
Prenatal Care Coordination
Dental Health Programs
Immunizations
HealthCheck
Human Health Hazard Investigation

Above list of services is not comprehensive



Your concerns are important to us. . .

Price County Health and Human Services Department is committed to providing the highest quality of services to the residents of Price County.

We want to make certain that your experience with us is a positive one. We strive to respond quickly to your needs, in a friendly and helpful way, and assure that our customer's rights are always protected.

We realize however, there may be times when our customers are not satisfied with what we do, the way we do it, or the decisions we make. We love to hear from you when you think we are doing a good job. We need to hear from you when you think we aren't.

If you have a complaint or concern about the way we have done business, please let us know. You may speak directly with the staff member who has worked with you, that staff member's supervisor, or the director of the department. If you prefer, you can fill out the information on the inside of this brochure and hand-deliver or mail it to us. All written complaints will be responded to in writing.

. . . we're here to help

Price County Health & Human Services Department
Attn: Director of Health and Human Services
P.O. Box 88
104 S. Eyder Avenue
Phillips, WI 54555-0088

