

**RICHLAND COUNTY HEALTH AND HUMAN SERVICES
COMPLAINT FORM**

Please complete this form within 45 calendar days of the alleged incident and return to:

Angie Rizner, Administration & Building Operations Manager
Richland County Health and Human Services
221 West Seminary Street
Richland Center, WI 53581

Name of Person Filing Complaint: _____

Address: _____

Telephone Number: _____

Name of Consumer
(If Not Person Filing Complaint): _____

Address: _____

Telephone Number: _____

Complaint Made:

Verbally In Writing

Complaint Against:

(Check all that apply.)

Administration ADRC Child & Youth Services
 Economic Support Public Health Behavioral Health Services

Describe your complaint. State all facts, including date, time, place of incident, names of others involved, witnesses (if any), etc. Attach other sheets if necessary.

Proposed Remedy:

Signature: _____ Date Submitted: _____

Date Received: _____