



Waupaca County

Department of Human Services

Mary Solheim,
Director

COMPLAINT FORM

Use of Form: This form can be used for formal complaints about any area within Waupaca County Department of Human Services. If your complaint is related to benefit payments, HIPAA, Clients Rights, Civil Rights, or other matters, you may need to file a different complaint form.

INFORMATION:

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Case/Client Name: _____

Relationship to Case Participants: _____

Have you spoken to the agency worker about your concerns? ____ yes ____ no

Have you spoken to the supervisor about your concerns? ____ yes ____ no

Describe your concerns (if needed, use additional sheet of paper to describe your concern(s)):

Requested resolution by the agency:

Signature: _____ Date: _____

Send complaint form to:

Liz Wagner
811 Harding St.
Waupaca, WI 54981
715-258-6300

Liz.wagner@co.waupaca.wi.us