

**BROWN COUNTY HUMAN SERVICES DEPARTMENT
CLIENT/PATIENT GRIEVANCE FORM**

INSTRUCTIONS: Please read over this form before completing. Fill it out as completely as possible. The more specific you are on dates, times, and names of persons involved in your grievance, the easier it will be help you with it. If you need assistance, the Department will provide you with help from the Grievance Investigator. Now read the following statements and check those you think best describe your grievance.

I believe I was unfairly treated by or denied services from the Department.

Note: If your complaint has to do with your W-2, Medical Assistance, Food Stamps or General Relief being cut off or reduced, STOP. You should file a "Request for a Fair Hearing" or a separate hearing for W-2 problems. See the Economic Support worker who handles your case.

I believe I was discriminated against because of my:

<input type="checkbox"/> Age	<input type="checkbox"/> Religious belief
<input type="checkbox"/> Race	<input type="checkbox"/> Martial status
<input type="checkbox"/> Sex	<input type="checkbox"/> Disability
<input type="checkbox"/> Handicap	<input type="checkbox"/> Sexual orientation
<input type="checkbox"/> Arrest or conviction record	

I believe my rights as a client receiving community services were violated.

I believe my rights as a client in Alcohol and Other Drug Abuse Treatment Program were violated.

I believe my civil rights were denied.

Your Name: _____

Address: _____

City, State, ZIP _____

Home Phone: _____

Work Phone: _____

In your own words, describe your grievance. State all facts, including names, time(s), place of incident, and witnesses (if any). If you do not have enough space, attach additional pages.

What do you want done in response to your grievance?

Your signature and date submitted _____

Received by: _____

Date: _____

Return this form to your staff member or mail to:

Brown County Human Services Department
Attn: Client Grievance Investigator
111 North Jefferson Street
P.O. Box 22188
Green Bay, WI 54305-2188