CLIENT GRIEVANCE FORM

If you wish to put your complaint in writing, **you may print and use this form.** Please complete all sections which apply to your concerns, sign your name, and fill in the date. **Mail the form to the address of the office where you received DRW assistance (addresses at the bottom of the form).** You may attach any other information that you would like us to about your concerns.

If you choose, you may send a letter instead of using this form. Please include in the letter the information requested below and be sure to sign and date the letter. Mail the letter to the address of the DRW office where you received assistance (addresses at bottom of this form).

Name:__________________________________________________________________________________________

Street Address:_____________________________________________________________________________________

City, State, Zip Code ______________________________________________________________________________

Phone: ____________________  Email______________________________________________________________

What assistance did you request from DRW?

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From which DRW office did you request assistance?

_____ Madison  _______ Milwaukee  _______ Rice Lake
Please explain what happened or how you were treated that you did not like. (Attach an additional sheet if necessary).

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When did this happen? ________________________________________________

__________________________________________________________

__________________________________________________________

Signature  Date

Madison office: Disability Rights Wisconsin  Milwaukee and Green Bay offices: Disability Rights Wisconsin  Rice Lake office: Disability Rights Wisconsin
131 West Wilson St  6737 W. Washington St.  217 W. Knapp St
Suite 700  Suite 3230  Suite 3230
Madison, WI 53703  Milwaukee, WI 53214  Rice Lake, WI 54868