

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: _____

StreetAddress: _____

City, State, Zip Code _____

Phone: _____ Email _____

What assistance did you request from DRW?

From which DRW office did you request assistance?

____ Madison

____ Milwaukee

____ Rice Lake

