



COLUMBIA COUNTY

608-742-9227
FAX: 608-742-9700
TDD: 608-742-9229
E-MAIL: DHHS@co.columbia.wi.us
WEBSITE: www.co.columbia.wi.us

Health and Human Services
111 E Mullett Street

Mailing Address: P.O. Box 136
Portage, WI 53901-0136

COMPLAINT/GRIEVANCE REPORT

Complainant:					
Address:					
Phone:					
Client Name:					
Address:					
Phone:					
Please describe your complaint. Be sure to include what specific right(s) you believe have been violated, as well as all facts, dates, times, places and persons involved:					
Please describe what type of relief/solution you wish to have:					
I have	<input type="checkbox"/>	I have not	<input type="checkbox"/>	had an informal discussion with the person involved.	
I have	<input type="checkbox"/>	I have not	<input type="checkbox"/>	submitted this complaint/grievance to the agency listed below.	
Name:				Date:	
Signature:					

Please return the completed form to:
Columbia County DH&HS, Grievance Officer
P.O. Box 136, Portage, WI 53901

[Grievance Procedure Flow Chart](#)
[Wisconsin Department of Health Services Clients Rights – Complaint Process](#)