



# COLUMBIA COUNTY

Health and Human Services  
111 East Mullett St.

PHONE: 608-742-9227  
FAX: 608-742-9700  
E-MAIL: [DHHS@columbiacountywi.gov](mailto:DHHS@columbiacountywi.gov)  
WEBSITE: [www.co.columbia.wi.us](http://www.co.columbia.wi.us)

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

## GRIEVANCE

Name of Person Completing Form:			
Address:			
Phone:			
Client Name:			
Address:			
Phone:			
Please describe your grievance. 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 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

[Wisconsin Department of Health Services Clients Rights – Complaint Process](#)