**DMCPS Consumer Complaint**

**Instructions:** To help us ensure we understand your complaint and can respond promptly, please complete this form and return it to the Division of Milwaukee Child Protective Services at DCFMilwaukeeChildWelfare@wisconsin.gov, fax: 414-220-7247, or 635 N. 26th Street Milwaukee, WI 53233.

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| **Personal Information**  |
| Complainant Name      | Date form submitted      |
| Client Name (if different from Complainant Name)      |
| Complainant’s Relationship to the Client      |
| Your Address (include apartment number, city, state and zip)      | Telephone Number      |
| Assigned Case Manager      |
| Case Management Agency      |
| Type of Most Recent Contact (in-person, phone, email, etc.)      | Date of Most Recent Contact      |
| **Complaint Description**  |
| Please describe your complaint and be as specific as possible. Include any names and dates as this may help resolve your complaint. You can describe your complaint below or attach a sheet to this form. You can ask the Client Rights Specialist (414-343-5500) for help in completing this form.       |
| **Complaint Resolution**  |
| Please tell us how you would like to see your complaint resolved.      |

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| **SIGNATURE** – Complainant |  | Date Signed |