



### CONSUMER COMPLAINT FORM

To help us ensure that we understand your complaint and can respond promptly, please complete this form and return to the Division of Milwaukee Child Protective Services via [email](#), fax (414-220-7247), or at the address listed below.

**YOUR NAME:** \_\_\_\_\_

**NAME OF CLIENT**

(if different): \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**YOUR ADDRESS:** \_\_\_\_\_

Street address, apartment number (if any)

\_\_\_\_\_  
City, State, Zip Code

**YOUR PHONE NUMBER:** Home \_\_\_\_\_ Other \_\_\_\_\_

**ASSIGNED CASE**

**MANAGER:** \_\_\_\_\_

**ASSIGNED AGENCY:** \_\_\_\_\_

**NAME & DATE OF MOST**

**RECENT CONTACT:** \_\_\_\_\_

**PLEASE DESCRIBE YOUR COMPLAINT:**

**Please be as specific as you can.** Include any names or dates as this may help resolve your complaint. You can use the back of this form or attach additional information to describe your complaint. You can also ask the Client Rights Specialist for help in completing this form.

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**PLEASE TELL US HOW YOU WOULD LIKE TO SEE YOUR COMPLAINT RESOLVED:**

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Wisconsin Department of  
Children and Families

Governor Tony Evers  
Secretary Emilie Amundson  
dcf.wisconsin.gov

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**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_