Grant County Department of Social Services
Policy/Procedure

RE: Client Complaints

Complaint Procedure

Step 1: The complainant is encouraged to informally discuss the issue with the staff involved with the situation. If the controversy cannot be resolved, a formal complaint may be made to the Department by completing the Complaint Report form.

Step 2: Within 30 days of the incident, the complainant submits the Complaint Report form describing the controversy to the Supervisor of the staff involved on the controversy.

The complaint supervisor will investigate the facts and prepare a written response to the complainant within 14 days of receipt of the complaint.

In the event that the only staff involved is a supervisor or the Director, this step is omitted. The complaint must be submitted in Step 3 within 30 days of the incident.

Step 3: Within 14 days of the date of the response in Step 2, the complainant submits a written document explaining the need for further consideration. The Director will investigate the facts and prepare a written response to the complainant within 30 days of receipt of the complaint.

Step 4: Within 14 days of the date of the response in Step 3, the complainant submits a written document explaining the steps taken and the need for further consideration to the Director requesting Social Services Board resolution. The complaint will be referred to the Social Services Board at the next regularly scheduled meeting. The board meets on the first Wednesday of the month. The Board will review all information in closed session and prepare a written response to the complainant and the Department within 14 days of receipt of the complaint. The Social Services Board decision is final.

GRANT COUNTY DEPARTMENT OF SOCIAL SERVICES

8820 HWY 35 and 61 South
P.O. Box 447
Lancaster, WI 53813
Phone: (608) 723-2136
Fax: (608) 723-4834

Complaint Report

Complainant: _____ Client Name (if not complainant):_____

Address:_____ Address: _____

Phone # _____ Phone # _____

Please state below your right (s) that you believe is/are being violated. Describe the situation to the best of your ability.

Describe your complaint. State all facts, including time, place of incident, name of other involved, witnesses (if any), etc.

Relief sought. (solution)

Circle: I (have) (have not) had an informal discussion with the person(s) involved.
I (have) (have not) submitted this complaint to the following agency:
Grant County Department of Social Services

Signature: _____ Date Submitted: _____

Signature: _____ Date Received: _____

Please return the completed form to: Director, Grant County Department of Social Services, Po Box 447, Lancaster, WI 53813