**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Early Care and Education

Milwaukee Early Care Administration

**Feedback and Complaint Form**

In partnering with the community, Milwaukee Early Care Administration (MECA) is dedicated to providing excellent service. If you have concerns about how your case is being handled, services you are being provided, or any other concerns, please share your feedback about your experience. If your feedback is in the form of a complaint, know that in doing so, no action can be taken against you or your children because you have filed a complaint. Many times, we find that an explanation of an action we have taken is all that is needed to resolve the problem. You may contact our agency by email at [DCFMECAFeedback@wi.gov](mailto:DCFMECAFeedback@wi.gov). Our goal is to respond to feedback within three (3) to five (5) business days.

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes]*.*

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| --- | --- | --- | --- | --- | --- | --- |
| **SECTION I – PERSONAL INFORMATION (Please provide if you would like to be contacted)** | | | | | | |
| Name (First, MI, Last) | Case Number | | | | | |
| Telephone Number | Best time(s) to contact you during business hours | | | | | |
| Email Address | | | | | | |
| **SECTION II – FEEDBACK TYPE** | | | | | | |
| Complaint  Compliment  Suggestion  Other | | | | | | |
| **SECTION III – AGENCY PERFORMANCE** | | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree |
| You were satisfied with the level of service you received from the child authorization worker you just spoke with. | |  |  |  |  |  |
| The child care authorization worker you spoke with today conducted the interaction in a professional manner. | |  |  |  |  |  |
| The child care authorization worker you spoke to today was able to assist you with most or all of your child care related needs. | |  |  |  |  |  |
| Overall, you were satisfied with your visit today with MECA. | |  |  |  |  |  |
| Please provide a full description. If more room is needed, please use the back of this sheet. | | | | | | |

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| **For office use only** | | | |
| Date Received: |  | Received By: |  |
| Forwarded To: |  | Forward Date: |  |
| Client Contacted: | Yes  No | | |
| Outcome: |  | | |

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