**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](mailto: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](mailto:dcfmilwaukeechildwelfare@wisconsin.gov) (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 |