SECTION 1: To be completed by any individual (i.e., youth, parent/guardian, other family member, provider, etc.) who would like to report a complaint or make a suggestion about any aspect of the Wraparound Milwaukee program.

- If you need any assistance to complete the form, please contact Wraparound Milwaukee Quality Assurance at (414)257-7595.
- If more space is needed to document your grievance/concern, please use Page 2 of this form.
- Following your completion of this form, please submit to Wraparound Milwaukee Quality Assurance Department (see contact information below).

Name of Person/Agency Filing the Complaint/Suggestion
Check your association with Wraparound:
☐ Youth/Enrollee  ☐ Parent/Guardian  ☐ Other family member  ☐ Provider

Street Address, City, State, Zip Code (Person Filing the Complaint/Suggestion)
Phone Number (Person Filing the Complaint/Suggestion)

Name of associated Wraparound Youth/Enrollee
If a complaint, list the name of the Person/Agency the complaint is against

A. Please describe your complaint or your suggestion. Include details, such as dates, times and individuals involved.

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B. If this is a complaint, what have you done in an attempt to resolve the issue (i.e.: discuss the issue with the provider, Care Coordinator and/or Child & Family Team, etc.). Please explain.

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C. What would you like to see happen about this complaint/suggestion? How would you like to see this issue resolved?

_________________________________________________________________________________________________________________________________________________
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Signature of Person Filing the Complaint/Suggestion
Date

Following the completion of this form, please submit to:

Mail: Wraparound Milwaukee
     Attn: Dana James
     9455 Watertown Plank Road
     Milwaukee, WI 53226
     Fax: (414)257-7575  Attn: Dana James
     Email: dana.james@milwaukeecountywi.gov
     Phone: (414)257-7595

Revised: 12/2017
CONTINUE - SECTION 1: To be completed by any individual (i.e., youth, parent/guardian, other family member, provider, etc.) who would like to report a complaint or make a suggestion about any aspect of the Wraparound Milwaukee program.

- If more space is needed to document your grievance/concern, please use this page (Page 2).

Additional Information:

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Signature of Person Filing the Complaint/Suggestion

Date

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Attn: Dana James
9455 Watertown Plank Road
Milwaukee, WI 53226

Fax: (414)257-7575  Attn: Dana James
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