

TODAY'S DATE: _____



WRAP AROUND MILWAUKEE COMPLAINT/SUGGESTION FORM

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.

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.

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

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

WRAPAROUND MILWAUKEE
COMPLAINT/SUGGESTION FORM

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.

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Additional Information:

[Lined area for writing additional information]

Signature of Person Filing the Complaint/Suggestion _____ Date _____

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 Milwaukee, WI 53226