Milwaukee County DHHS-BHD
Children's Community Mental Health Services and Wraparound Milwaukee

GRIEVANCE AND APPEALS FORM

Today's Date:_____

To be completed by any individual (such as a youth, parent/guardian, other family member, provider, etc.) who would like to file a grievance or appeal.

- If you need any assistance to complete the form, please contact: Client Rights Specialist at (414) 257-7600, option 1.
- If more space is needed to document your grievance/appeal, please use the Additional Information Section.
- Following your completion of this form, please submit to Children's Community Mental Health Services and Wraparound Milwaukee Quality Assurance Department (see contact information below).

Name of Person/Agency filling Grievance/Appeal	Check your association with our program: ☐ Youth/Enrollee ☐ Parent/Guardian ☐ Other family member ☐ Provider
Street Address, City, State, Zip Code (of person filing grievance/appeal)	Phone number (of person filing grievance/appeal)
Name of associated Youth/Enrollee	If a grievance, list the name of Person/Agency the grievance is against

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

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

C. What would you like to see happen about this grievance/appeal? How would you like the issue resolved?

D. Additional Information?

Signature of Person Filing the Grievance/Appeal

Date

Following the completion of this form, please submit to:

Mail: **Children's Community Mental Health Services and Wraparound Milwaukee** **Attn: Quality Assurance Department** **9455 Watertown Plank Road** **Milwaukee, WI 53226**	Fax: **414-257-7575** **Attn: QA Department** Email: **wrapqa@milwaukeecountywi.gov**

ATTENTION: If you speak English, language assistance services are available to you free of charge. Call your Care Coordinator directly or call 1-833-912-2468 (TTY: 711)

Español (Spanish) - ATENCIÓN: Si habla español, tenemos servicios de asistencia lingüística disponibles de forma gratuita. Llame a su coordinador de atención directamente o bien llame al 1-833-912-2468 (TTY: 711)

Hmoob (Hmong) - CEEB TOOM: Yog koj hais lus Hmoob, muaj cov kev pab txhais lus pub dawb rau koj. Hu xov tooj ncaj nraim rau koj tus Neeg Khiav Hauj Lwm Muab Kev Kho Mob los yog hu rau 1-833-912-2468 (TTY: 711)

ျမန္မာစာ (Myanmar)(Burmese) - အထူးသတိျပဳရန္ - အကယ္၍ ျမန္မာဘာသာစကားကို သင္ေျပာဆိုႏိုင္ပါက ဘာသာစကားဆိုင္ရာ ဝန္ေဆာင္မႈမ်ားကို အခမဲ့ သင္ ရရွိႏိုင္ပါသည္။ သင့္ ေစာင့္ေရွာက္မႈ ဆက္စပ္ေဆာင္ရြက္ေပးသူထံသို႔ တိုက္ရိုက္ ဖုန္းေခၚဆိုပါ သို႔မဟုတ္လည္း 1-833-912-2468 (TTY: 711) သို႔ ေခၚဆိုပါ