

**LA CROSSE COUNTY HUMAN SERVICES DEPARTMENT**

**Client Complaint/Grievance Form**

Today's Date: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Client: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Describe the Complaint / Issue (if needed, use additional sheet of paper to describe your concern(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you discussed this complaint / issue with the Section's Supervisor or Manager? \_\_\_\_\_

If so, when? \_\_\_\_\_

How did the Supervisor / Manager try to solve the issue? \_\_\_\_\_

\_\_\_\_\_

What resolution / result do you expect to this issue? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return to: Jennifer Buchholtz; Client Rights Grievance Coordinator  
Director's Office - La Crosse County Human Services Dept.  
300 N. 4<sup>th</sup> Street  
La Crosse, WI 54601  
608-785-6095  
[jbuchholtz@lacrossecounty.org](mailto:jbuchholtz@lacrossecounty.org)