



Juneau County
 Department of Human Services
 200 Hickory Street
 Mauston, WI 53948

Ph 608-847-2400 Fax 608-847-9421

GRIEVANCE FORM

Date: _____

Name: _____

Address: _____

Phone Number: _____

Please describe your grievance. Be sure to include what specific right(s) you believe have been violated, pertinent details, dates, times, places, and all parties involved:

What type of relief/solution do you wish to have?

I have / have not had an informal discussion with the person(s) involved.
 (Check one)

 Signature

Mail completed form to:
 Juneau County DHS
 Attn: Grievance Officer
 200 Hickory Street
 Mauston, WI 53948

Grievance Officer: _____ Date Received: _____ / Initials: _____