

ROCK COUNTY HUMAN SERVICES

P.O. Box 1649 | Janesville, WI 53547-1649 608.757.5200 | www.co.rock.wi.us/departments/human-services



COMPLAINT FORM

Section 1			
ame: Address:			
Home Phone:	Cell:	V	Vork:
What special accommodations do	you need for us to co	mmunicate with	nyou about this complaint?
Section 2			
Are you filling this complaint on your own behalf?		Yes:	No:
*If you answered "Yes" to this quest	tion, go to Section 3.		02 1000
complaint: Please explain your reason for sub	mitting this complain	t on behalf of th	ne person listed above:
Please attach a Release of Informa aggrieved party if you are filling or party. Form attached:		Yes:	No:
Section 3	11.22		***
Date of Concern or Incident (Mont	h, Day, Year):		
Explain as clearly as possible the n involved and names of witnesses. attach any other material or inforn	If more space is need	ed, please use a	

Signature (required)	Date (required)

Please submit this form by one of the following:

Deliver in-person to:

Rock County Human Services Daniel Hale Williams Resource Center Attn: Administrative Secretary, Jodi Parson 1717 Center Avenue Janesville, WI 53546

Mail to:

Rock County Human Services Attn: Administrative Secretary, Jodi Parson P.O. Box 1649 Janesville, WI 53547-1649

Email to:

Administrative Secretary, Jodi Parson at jodi.parson@co.rock.wi.us

If you have any additional questions or require assistance completing this form, please call: (608) 757-5271.

HSD COMPLAINT FORM REV. 6/2023