



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		
Name:	Address:	
Home Phone:	Cell:	Work:
What special accommodations do you need for us to communicate with you about this complaint?		
Section 2		
Are you filling this complaint on your own behalf?	Yes:	No:
<i>*If you answered "Yes" to this question, go to Section 3.</i>		
If no, please supply the name and relationship of the person for who you are bringing the complaint:		
Please explain your reason for submitting this complaint on behalf of the person listed above:		
Please attach a Release of Information signed by the aggrieved party if you are filling on behalf of a third party. Form attached:	Yes:	No:
Section 3		
Date of Concern or Incident (Month, Day, Year):		
Explain as clearly as possible the nature of your complaint. Include the name of the person(s) involved and names of witnesses. If more space is needed, please use additional pages, and attach any other material or information you think is relevant.		

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, Chrissy Arambula
1717 Center Avenue
Janesville, WI 53546

Mail to:

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

Email to:

Administrative Secretary, Chrissy Arambula at Christina.Arambula@co.rock.wi.us

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