COMPLAINT REPORTING FORM

The purpose of this form is to assist you in filing a complaint with the Ho-Chunk Nation Social Services Department.

Date Reporting: _____

STATE YOUR NAME AND ADDRESS:

Name: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

DIVISIONS

Please check which division you have a complaint with.

- ☐ Youth Services (YS)
- ☐ Community Support Service (CSS)
- ☐ Domestic Violence (DV)
- ☐ Child and Family Services (CFS)
- ☐ Tribal Aging Unit (TAU)
- ☐ Child Support Enforcement (CSE)

Date of Complaint: _____

Location of Complaint: _____

Time: _____

Person(s) involved: _____

DESCRIPTION OF COMPLAINT:

(Please describe your complain in detail below,
if you need more space to write, please use another sheet of paper.)

_____

_____

_____

_____

_____

_____

_____

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_____

Once the report is received by the department, we will investigate the complaint and respond within 10 (ten) business days.

☐ Documents Attached

Please Mail the copies to:

Attn: Executive Director of Social Services
HCN Dept. of Social Services
PO Box 40
Black River Falls WI 54615