



Human Services

711 North Bridge Street, Room 305, Chippewa Falls, WI 54729-1876

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CONSUMER RIGHTS GRIEVANCE AND PRIVACY RESOLUTION REQUEST FORM

In the interest of resolving your concern, please complete this form. Attach additional pages, if necessary.

Name: _____

Date: _____

Address: _____

Phone: _____

Person completing form (if different than above):

Name: _____

Date: _____

Address: _____

Phone: _____

Please describe your concern:

When did this happen?

Where did this happen?

Identify any staff members involved:

Have you talked to these staff members? ☐ Yes ☐ No

What do you want the Department to do in response to your concern?