

**WINNEBAGO COUNTY DEPARTMENT OF HUMAN SERVICES
CHILD WELFARE COMPLAINT AND GRIEVANCE FORM page 2**

HOW WOULD YOU LIKE TO SEE YOUR COMPLAINT RESOLVED?

Please check one:

I have had an informal discussion with the person(s) involved.

If so, with whom? _____

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

Signature _____ **Date** _____