



Dane County Department of Human Services Division of Adult Community Services

Director – Shawn Tessmann
Division Administrator – Todd Campbell

JOE PARISI
DANE COUNTY EXECUTIVE

Complaint and Appeal Form

Should you wish to complain/appeal an issue regarding your participation in the United States Department of Housing and Urban Development Rental Assistance Program, complete this form and return to **Housing Initiatives at 1110 Ruskin Street, Madison, Wisconsin, 53704. Phone- 608 277 8330, FAX 608 277 1726.**

Name: _____ Phone: _____ Address: _____

Describe your complaint and provide specific details: _____

(If you need more space, please continue on the back of the form.) (Written resolution of complaint will occur within 14 days of receipt.)

Signature: _____ Date: _____

Date Complaint/Appeal received: _____ Person receiving Complaint/Appeal: _____

Specify steps taken to investigate Complaint/Appeal: _____

State resolution of Complaint/Appeal: _____

Signature: _____ Date: _____

(Attach additional pages as needed.)