

Name of Contracted Independent Provider: _____

WETZEL-RASMUSSEN COUNSELING SERVICES
N11230 Antigo Street
PO Box 278
Elcho WI 54428-0278
(715)275-3934
FAX (715) 275-4510

GRIEVANCE PROCEDURE
(Wisconsin Administrative Code HFS 94.41)

Complaint or Grievance Defined: a difficulty, disagreement, or dispute concerning one of the consumer's rights as described in the brochure entitled, Your Rights and the Grievance Procedure (The Department of Health and Family Services PSL-3112). Any consumer, or other person acting on the behalf of the consumer, may use the grievance procedure. This procedure is a supplement to, but does not limit, the right of the consumer to pursue other actions available to the consumer, including the court process.

Client Rights Specialist: The Client Rights Specialist for Wetzel-Rasmussen Counseling Services and its Contracted Independent Providers is Debra Pagel. Ms. Pagel will look into any grievances regarding services and may be contacted at the following address and phone number:

Debra A. Pagel
N9224 Evergreen Drive
Gleason, WI 54435
715-437-0827

Grievance Forms: The Grievance Pamphlet may be used if you wish to file a grievance. The use of the attached form is not necessary to begin the grievance procedure. You may also contact the Client Rights Specialist to file a complaint. The attached Grievance Report is useful because it includes the information necessary for the Client Rights Specialist to investigate your grievance. You may also place your written grievance in a sealed envelope and give it to any staff member, who will deliver the grievance, unread, to the Client Rights Specialist.

Time Limit: You must file a grievance within 45 days of the incident. Your grievance may not be processed if it is filed after this 45-day period. Exceptions to the observed time limit may be considered if the consumer is able to show good cause for its delay.

FAX (715)275-4510

GRIEVANCE REPORT

Date _____

Name of Person Making the Grievance : _____
Last First M.I.

Name of Staff Member or Contracted Independent Provider: _____
Last First M.I.

Grievance or Complaint (for more space, use the back of this sheet or attach additional sheets):

Date(s) for which the Grievance is Involved: _____

Prior Attempts of Resolving the Grievance (if any):

Consumer Rights you suspect to have been violated:

Desired Outcome:

**Please, Return Form to:
Debra A. Pagel
N9224 Evergreen Drive
Gleason, WI 54435
(715) 873-3364**