

## La Crosse County Child Support Customer Grievance Form

Customer Information: <hr/> Name <hr/> Address <hr/> City _____ State _____ Zip _____ (_____) _____ Phone with Area Code _____	SS#: _____ PIN: _____ IV-D Case #: (if known) _____ Name of Other Parent: _____ If Transcribed by an Employee - Employee Name: _____
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Case Worker Name: \_\_\_\_\_

Briefly Describe the Nature of Your Grievance:

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How Would You Like Us to Resolve This Issue?

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*Forward Report to the CSA Supervisor at:*  
 Supervisor  
 La Crosse County Child Support  
 400 N. 4<sup>th</sup> St.  
 La Crosse, WI 54601

*For Agency Use:*  
 Date Received: \_\_\_\_\_  
 Date Response Provided to Customer: \_\_\_\_\_

*Agency Action: Indicate actions taken to address the issue including follow up dates:*

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