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Marquette County Department of Human Services Complaint Policy

Complaint Process

Individuals who wish to file a complaint of an action or decision of the Marquette County Department of Human Services may do so by filing a written request with the Department within 45 days of the agency's action or decision. Various formats of written communication will be accepted, i.e. letter, e-mail. If the complainant is unable to communicate in writing, accommodations will be made to ensure a written record of the complaint is documented.

The Department of Human Services will notify individuals receiving services of the complaint process by placing a copy of this policy in the waiting areas of the agency. Copies of this policy will also be made available to any person upon request.

All complaints received by the agency will be date stamped and given to the Human Services Director for review. In cases where the director has already been involved in the case, a management staff who has not been involved with the case will serve as the complaint reviewer. If all management staff have been involved with the case, Marquette County Department of Human Services will work with surrounding counties to provide a complaint review.

The reviewer's responsibilities include: receiving the complaint, reviewing the facts of the case (which may include a face-to-face or teleconference meeting), determining whether or not an error or omission has occurred, and notifying the individual, the program manager and any other interested party of the results.

Complaint Process Review and Record Keeping

The complaint review process shall be completed within 30 business days of the date of receipt of the written request. The written results of the review shall be mailed to the complainant within 5 business days of the determination. All requests and review decisions will be stored in a file labeled "Agency Complaints" that will be maintained by the Marquette County Human Services Director.

Regional Office Review

Contact information for the State Regional Offices will be provided to the complainant should they disagree with the decision issued by the Marquette County Department of Human Services and wish to pursue further review.

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Name: _____

Address: _____

Phone number: _____

Describe the action or decision which you are filing a complaint about below. Include what you want Marquette County Human Services to do to resolve your complaint.