

CHILD SUPPORT COMPLAINT FORM

If you have a dispute with a child support office, please try to resolve the concern with staff in that office before filing a formal complaint. If you believe that you were treated unfairly, your case was not handled correctly, or your local child support agency has delayed and not taken a mandatory action on your case, please complete this form.

Once this form is submitted, your local child support agency is required to review the facts in your case and notify you of a determination of whether or not an error has occurred or why a required action has not been taken.

Information provided on this form (including any attachments) may be shared with others only for the purpose (s) of administration of the child support program and other related programs [Wis. statutes, s. 49.83].

Name	Date
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Address

City/State/Zip Code

Home/Cell Phone Number ()	Work Telephone Number ()
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IV-D Case Number or Court Case Number

Social Security Number (SSN) or KIDS Personal Identification Number (PIN)

Either your SSN or KIDS PIN Number is necessary for us to process your complaint. Failure to provide this information may result in a delay in processing your request.

Name of Other Parent

Describe the action you think should have been taken by your local child support agency but was not. Provide any information given to you by your caseworker and include copies of any evidence to support your complaint.

Signed _____ Date _____