



## Participant Complaint/Grievance Procedure

West CAP welcomes inquiries from program participants and tenants to learn about services provided including: explaining funding guidelines, rules, and eligibility procedures. We strictly adhere to client confidentiality and will not release any client/family information unless proper authorization is obtained from the client. If you need translation or other assistance viewing or completing this form and submitting other supporting documentation, please contact Jessica Rudiger, EEOC Officer, [jrudiger@wcap.org](mailto:jrudiger@wcap.org), 715-280-3078.

West CAP is an Equal Opportunity organization. No otherwise qualified applicant for service or program participation shall be excluded from participation, be denied benefits, or otherwise be subject to discrimination in any manner on the basis of race, color, national origin or ancestry, age, sex, sexual orientation, gender identity, religion, political beliefs or disability.

If you have been denied services, services have been deferred, or have a complaint regarding services please follow these recommended steps:

A) Complaint Process

Whenever possible, problems should be resolved informally with the direct staff person responsible for the particular program activity. The staff person responsible for the particular program activity will make all reasonable efforts to resolve an informal program complaint. The complaint may be forwarded to other staff to assist with the resolution. If you do not have a direct program contact, you may call 715-598-4750 or email [westcap@wcap.org](mailto:westcap@wcap.org) with the information to be forwarded to the appropriate program manager.

B) Grievance Process

If program leadership is unable to satisfactorily explain the denial or address your complaint, you may submit a Grievance Form to the Associate Director. A formal grievance must be submitted within 30 days of the initial complaint or from when the denial of services took place. The appropriate administrative staff will investigate the complaint and within 15 business days of signing this form will notify the program participant of the resolution in writing. You may mail or email this signed cover form and completed second page to:

West CAP Associate Director  
PO Box 308  
Glenwood City, WI 54013  
[sphillipps@wcap.org](mailto:sphillipps@wcap.org)

OR If you think you have been *denied services based on your race, color, national origin or ancestry, age, sex, sexual orientation, gender identity, religion, political beliefs or disability* and would like to file your complaint directly with Wisconsin Department of Administration or Wisconsin Department of Children and Families, please go to sites to complete and submit the proper forms: <https://www.dhs.wisconsin.gov/forms/f8/f80983.docx> or [Civil Rights Complaint and Grievance Procedures \(wisconsin.gov\)](https://www.dhs.wisconsin.gov/forms/f8/f80983.docx)

To assist us in complying with all applicable equal opportunity rules, regulations and guidelines, please contact West CAP's Equal Opportunity Coordinator, Jessica Rudiger, at 715-280-3078, [jrudiger@wcap.org](mailto:jrudiger@wcap.org). You are encouraged to discuss any perceived discrimination problems in service delivery.

*I have received a copy of this procedure and related program policies and procedures.*

Participant Signature

Date

Associate Director Signature

Date



## Formal Participant Complaint/Grievance Form

Name of the West CAP program related to the complaint:

Name of the West CAP employee assisting with program services:

Date of occurrence:

Please describe your complaint:

Resolution: What would you like to see happen?

Submitted by or on behalf of:

Client Name (please print)

Address:

Phone Number:

Email:

Program Participant Signature

Date