



Directions: Please complete all the sections except the gray one at the bottom of the page. Mail, email or fax the form to Consumer Direct Care Network Wisconsin.

You are a (Please Check):	Name:	Name: Date:					
Address:  City:  State:  Email:  Would you like us to contact you?   Yes   No   If yes, how:   Phone   Email   Mail  Please check the box that applies:   Compliment   Suggestion   Complaint  Please describe the compliment, suggestion or complaint:  Please send to:  Consumer Direct Care Network Wisconsin 744 Ryan Drive, Suite 201 Hudson, WI 54016 Toll Free Fax: 1-877-785-9992 Email: InfoCDWi@ConsumerDirectCare.com  For Consumer Direct Office Use  Date Received:  Action Taken:   Resolved   Not Resolved   Submitted to Program Manager	You are a (Please	(Please Print) • check): ☐ Member	□ Fmn	llovee □ Ageno	rv □Other		
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