

Request for Complaint Report

Requestor Information:

Name	Date of Request
Mailing Address	
Email address	Phone number
Relationship to persons mentioned in the report	

Information Requested:

Case #	Name of person Involved	Location	Event description

Please note, Public Health Madison and Dane County is required protect personal health information (PHI) and personal information of juveniles that may be included in the requested report. These items will be redacted from the reports unless the requestor is the PHI owner or the parent/legal guardian for a juvenile mentioned. Others that wish to receive a report without redaction must have a signed release using the form provided by the Department.

Office Use Only			
Case #	Redacted	Staff Initials	Date released
	Yes / No		
	Yes / No		
	Yes / No		