

DIVISION OF WELFARE AND SUPPORTIVE SERVICES
ISSUE RESOLUTION FORM

Name:	
Case number or UPI	
Phone: () -	Date:
Email: _____ @ _____	
Mailing Address:	

Please mark the assistance program your complaint/concern is about. Please check all that apply:
 SNAP (Food Stamps) TANF (Cash Assistance) Medicaid (Medical) Child Support
 Energy Assistance Program Other: _____

Please describe the nature of your concern including specific information such as the date, time and office where the incident occurred. Please include the names and/or titles of staff member(s) involved.

Please use the back of this form if more space is needed, and return this completed form to any Welfare District Office .
 You may be contacted if additional information is needed.

For Internal Use:		
Office _____	OTRS _____	Date _____

