

## COMPLAINANT CONSENT/RELEASE FORM

Complainant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No: (\_\_\_\_) \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Program(s) for which this Consent/Release Form apply:

\_\_\_\_\_

Please read the information below, initial the appropriate space, and sign and date this form on the lines at the bottom of this form. I have read the Notice of Investigatory Uses of Personal Information by DHFS and DWD. As a complainant, I understand that in the course of a preliminary inquiry or investigation it may become necessary for DHFS or DWD to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of DHFS or DWD to honor requests under the Freedom of Information Act. I understand that it might be necessary for DHFS or DWD to disclose information, including personally identifying details, which it has gathered as a part of its preliminary inquiry or investigation of my complaint. In addition, I understand that as a complainant I am protected by Federal regulations from intimidation or retaliation for having taken action or participated in an action to secure rights protected by nondiscrimination statutes enforced by the Federal government.

### CONSENT/RELEASE

CONSENT GRANTED- I have read and understand the above information and authorize DHFS or DWD to reveal my identity to persons at the organization or institution under investigation and to other Federal agencies that provide Federal financial assistance to the organization or institution or also have civil rights compliance oversight responsibilities that cover that organization or institution. I hereby authorize DHFS or DWD to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, applications, case files, personal records, and or medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and I do so voluntarily. Place your Initials on this line if you give consent: \_\_\_\_\_.

CONSENT DENIED- I have read and understand the information and do not want DHFS or DWD to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and consent information about me, pertinent to the investigation of my complaint. I understand that this is likely to make the investigation of my complaint and getting all the facts more difficult and, in some cases, impossible, and may result in the investigation being closed. Place your Initials on the line if you do not give consent: \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date