

## Constituent Services **File a Complaint with DSHS**

There may come a time you will want to express a problem or complaint with a communication or service you received from the Department of Social and Health Services (DSHS) or its contracted providers. You may file a complaint regarding your issue or concern.

If you have a concern, we ask that you use this form to submit your complaint. Once received, an appropriate program specialist will follow up with you to provide assistance. We appreciate your feedback.

Submit your completed form to: Department of Social and Health Services  
PO Box 45131  
Olympia, WA 98504-5130

For additional information, requests, questions, or suggestions, please reach out to DSHS Constituent Services by calling 800-737-0617 or by emailing us at [askdshs@dshs.wa.gov](mailto:askdshs@dshs.wa.gov). TTY/TDD users dial 711 or 1-800-833-6384 for [Washington Relay Service](#).

If you are a **DSHS Employee** seeking to file a discrimination or civil rights complaint with the DSHS Employee Investigations Unit, please contact the unit directly at [iraucorplaints@dshs.wa.gov](mailto:iraucorplaints@dshs.wa.gov). For more information regarding civil rights and discrimination investigations, please contact the **DSHS Office of Justice and Civil Rights** by emailing us at [ojcr@dshs.wa.gov](mailto:ojcr@dshs.wa.gov).

Email is not a secure form of communication. There is a risk unauthorized third parties may see your personal information if you use a commercial email service (such as Gmail, Hotmail, Yahoo, etc.). Please keep this in mind if you email DSHS. DSHS uses a secure email system when emailing confidential information to you. We cannot send certain types of information over the Internet due to confidentiality so, if possible, please provide other ways for us to reach you such as a mailing address or phone number.

**Please provide the required information as labeled with an asterisk so that we may contact you to discuss your request.**

\* **Required fields.** All others are optional.

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<b>Type of Feedback*</b> <input type="checkbox"/> Complaint <input type="checkbox"/> Suggestion <input type="checkbox"/> Compliment <input type="checkbox"/> Question <input type="checkbox"/> Request	<b>Subject*</b>		
<b>Your Name *</b>	<b>Client or Person Needing Service (if different)</b>		
Client is a minor: <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like a response? <input type="checkbox"/> Yes <input type="checkbox"/> No Preferred contact method (if you want a response): <input type="checkbox"/> Email <input type="checkbox"/> Regular mail <input type="checkbox"/> Phone call <b>Please note: We are unable to communicate personal information by email.</b>			
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Phone Number (with area code)</b>	<b>Email Address *</b>		
<b>Case Number (if applicable)</b>			
<b>Message *</b>			