Joe Lombardo
Governor

Laura Rich
Director

DEPARTMENT OF HUMAN SERVICES

DIVISION OF SOCIAL SERVICES

Helping people. It's who we are and what we do.

Robert H. Thompson
Administrator

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_____

"Helping people. It's who we are and what we do."