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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-01212 (03/2024) | | **STATE OF WISCONSIN** | |
| **GRIEVANCE — IRIS PROGRAM** | | | |
| IRIS Participants and their representatives may file formal grievances regarding any aspect of the care or service provided by the IRIS program. If you have questions or need assistance completing this form, please contact your IRIS consultant or the IRIS Grievance hotline by phone: 888-203-8338, or by email: [DHSIRISGrievances@wisconsin.gov](mailto:DHSIRISGrievances@wisconsin.gov). | | | |
| To file a formal grievance, please complete this form and send it to the appropriate contact. Completion of this form is voluntary. Personally identifiable information on this form is collected to verify that the request is complete and will be used only for this purpose. | | | |
| **SECTION I — DEMOGRAPHICS** | | | |
| Participant’s Name (Last, First) | | Legal Representative Name (if applicable) | |
| Participant’s MCI Number | Date of Birth | County of Residence | |
| Daytime Phone Number | | Email Address | |
| Subject of Grievance | | ICA and/or FEA Name | |
| **SECTION II — SUMMARY OF CONCERNS** | | | |
| Please describe your concerns. Include a brief description that includes specific details as applicable, such as dates, times, persons involved, etc. If you need more space, please feel free to attach additional pages. Once the form has been received, a representative will contact you to discuss your concerns. | | | |
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| **SECTION III — SIGNATURES** | | |  |
| **SIGNATURE** — Participant | | | Date Signed |
|  | | |  |
| **SIGNATURE** — Legal Representative (If applicable) | | | Date Signed |
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All grievances pertaining to your IRIS Consultant or IRIS consultant agency (ICA) must be submitted to your ICA or the Department of Health Services (DHS). All grievances pertaining to your fiscal employer agent (FEA) must be submitted to your FEA or DHS.

DHS IRIS Grievances

888-203-8338

[DHSIRISGrievances@wisconsin.gov](mailto:DHSIRISGrievances@wisconsin.gov)

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| IRIS Consultant Agencies (ICAs) | |
| Advocates4U 877-739-2203 [info@irisadvocates4u.org](mailto:info@irisadvocates4u.org) | Midstate Independent Living Consultants (MILC) 800-382-8484 [milc@milc-inc.org](mailto:milc@milc-inc.org) |
| First Person Care Consultants 414-336-2448 [info@firstpersoncare.org](mailto:info@firstpersoncare.com) | Progressive Community Services  608-848-8305  [information@pcsdane.org](mailto:information@pcsdane.org) |
| Lutheran Social Services (LSS) Connections  844-520-1712  [Connections@lsswis.org](mailto:Connections@lsswis.org) | TMG  844-864-8987  [info@tmgwisconsin.com](mailto:info@tmgwisconsin.com) |
| Fiscal Employer Agents (FEAs) | |
| Acumen Fiscal Agent (formerly Outreach) 877-901-5826  outreach.wi@outreachfiscalagent.com | iLIFE  888-800-5599  [IRIS@iLIFE.org](mailto:INFO@iLIFEfms.com) |
| GT Independence 877-659-4500 [customerservice@gtindependence.com](mailto:customerservice@gtindependence.com) | Premier Financial Management Services 855-224-5810 [IRIS@premier-fms.com](mailto:IRIS@premier-fms.com) |

Information contained in email messages may be privileged and confidential. There is some risk that any information in an email you send may be disclosed to, or intercepted by, unauthorized third parties. By agreeing to allow the use of e-mail as a method of communication to WI DHS, this indicates that you acknowledge and accept the possible risks associated with such communication.