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| **DEPARTMENT OF HEALTH SERVICES**  Division of Care and Treatment Services  F-02167 (07/2017) | | | |  | | | **STATE OF WISCONSIN** |
| **PROGRAM PARTICIPATION SYSTEM (PPS) PORTAL REPORT FEEDBACK** | | | | | | | |
| **INSTRUCTIONS:** | Complete this form to provide feedback/request changes to existing PPS PORTAL reports or to request new PPS PORTAL reports. Please be as descriptive as possible when completing this form to ensure that we can provide quality content that matches the needs of your organization. | | | | | | |
| **Requester Information** | | | | | | | |
| Name | | Phone Number | | | | Organization Name | |
|  | |  | | | |  | |
| Email | | | | | | | |
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| **Request Details** | | | | | | | |
| Request Type | | | Report Name (if modifying an existing report) | | | | |
|  | | |  | | | | |
| Short Request Description | | | | | | | |
|  | | | | | | | |
| Request Need and Anticipated Use | | | | | | | |
|  | | | | | | | |
| If new report, who will use this report? | | | | | Frequency of Use (if new report) | | |
|  | | | | |  | | |
| Additional Comments | | | | | | | |
|  | | | | | | | |
| Email completed form to [Kathryn VerPlanck](mailto:Kathryn.VerPlanck@wisconsin.gov) | | | | | | | |