**Complaint/Comment Form**

We want your feedback. If you would like to submit a complaint or comment, please complete this form, and submit it via email to contactus@lacrossecounty.org or in person at the address below.

**La Crosse County**

Human Services Directors Office

212 6th Street N

La Crosse, Wisconsin 54601

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| **Section A: Accessible Format Requirements** |
| Please check the preferred format for this document |
| [ ]  Large Print | [ ]  TDD or Relay | [ ]  Audio Recording | [ ]  Other (if selected please state what type of format you need in the box below) |
| Click or tap here to enter text.  |

You may also call us at (608)785-5919. Please make sure to provide your contact information in order to receive a response.

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| **Section B: Contact Information** |
| Name Click or tap here to enter text. | Telephone Number (including area code) Click or tap here to enter text. |
| Address Click or tap here to enter text. | City Click or tap here to enter text. |
| State Click or tap here to enter text. | Zip Code Click or tap here to enter text. |
| Email Address Click or tap here to enter text. |
| Are you filing this complaint on your own behalf?  | [ ]  Yes  | [ ]  No |
| If no, please provide the name and relationship of the person for whom you are complaining and why you are completing the form on their behalf in the box below. |
| Click or tap here to enter text. |
| Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. | [ ]  Yes | [ ]  No |

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| **Section C: Type of Comment**  |
| **What type of comment are you providing? Please check which category best applies.** |
| [ ]  Complaint | [ ]  Suggestion | [ ]  Compliment | [ ]  Other |
| **Which of the following describes the nature of the comment? Please check one or more of the check boxes.** |
| [ ]  Race | [ ]  Color | [ ]  National Origin | [ ]  Religion |
| [ ]  Age | [ ]  Sex | [ ]  Transportation Service | [ ]  Income Status |
| [ ]  Limited English Proficient (L.E.P) | [ ]  Americans with Disability Act (A.D.A) |

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| **Section D: Comment Details** |
| **Please answer the questions below regarding your comment** |
| Did the incident occur on the following type of service? *Please check any box that may apply.*  | [ ]  Paratransit | [ ]  Shared Ride Taxi | [ ]  Bus |
| What was the date of the occurrence?  | Click to add datein the following format**:** Day, month, year |
| What was the time of the occurrence? | Click to add the time |
| What is the name or identification of the employee or employees involved? | Click or tap here to enter text. |
| What is the name or identification of others involved, if applicable? | Click or tap here to enter text. |
| What was the number or name of the route you were on, if applicable?  | Click or tap here to enter text. |
| What was the direction or destination you were headed to when the incident occurred, if applicable? | Click or tap here to enter text. |
| Where was the location of the occurrence? | Click or tap here to enter text. |
| Was the use of a mobility aid involved in the incident? | [ ]  Yes  | [ ]  No |
| Please add any additional descriptive details about the incident.  | Click or tap here to enter text. |
| **In the box below, please explain as clearly as possible what happened and why you believe you were discriminated against.** |
| Click or tap here to enter text. |

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| **Section E: Follow-up** |
| May we contact you if we need more details or information? | [ ]  Yes  | [ ]  No |
| **If yes, how would you best liked to be reached? Please select your preferred form of contact below** |
|  [ ]  Phone  | [ ]  Email  | [ ]  Mail |
| **If you would prefer to be contacted by phone, please list the best day and time to reach you.** |
| Click here to add your preferred time | Click here to add your preferred day |
| Have you filed a complaint with any other federal, state, or local agencies? | [ ]  Yes  | [ ]  No |
| **If yes, list agencies and contact information (agency name, address, email, phone).** |
| Click or tap here to enter text. |

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| **Section F: Desired Outcome** |
| **Please list below, what steps you would like taken to address the conflict or problem.** |
| Click or tap here to enter text. |

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| **Section G: Signature** |
| **Please attach any documents you have which support the allegation. Then date and sign this form and send it to La Crosse County.** |
| Name Click or tap here to enter text. | **Date:** Click to add datein the following format**:** Day, month, year |
| Signature Click or tap here to enter text. |