**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](mailto: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. | |