

City of Shawano - Complaint/Comment Form

City of Shawano is committed to providing you with safe and reliable transportation services and we want your feedback. Please use this form for suggestions, compliments, and complaints. Please submit this form electronically to the Clerk Treasurer at kduchac@cityofshawano.com or in person at the address below.

City of Shawano
127 S. Sawyer Street
Shawano, WI 54166

You may also call us at 715-526-6138. Please make sure to provide your contact information in order to receive a response.

SECTION I: TYPE OF COMMENT (Choose One) – provide detail in ‘Comment Details’ below								
Compliment	Suggestion	Complaint				Other		
		Title VI: ADA (Disability): Service: Other:	<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Gender	<input type="checkbox"/> Religion	<input type="checkbox"/> Age	
			<input type="checkbox"/> Limited English Proficient LEP					
SECTION II: CONTACT INFORMATION								
Name:								
Rider ID (if applicable):								
Street Address:								
City, State, Zip code:								
Phone:								
Email:								
Accessible Format Requirements: (choose preferred format(s))	Large Print		TDD/Relay		Audio Recording		Other	
Are you filing this complaint on your own behalf? If you answered “yes” to this question, go to Section IV.			Yes		No			
If not, please provide the name and relationship of the person for whom you are complaining:								
Please explain why you have filed for a third party:								
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes		No			
SECTION III: COMMENT DETAILS								
Transit Service (Choose one, as applicable) Bus/Paratransit/Shared-Ride Taxi								
Date of Occurrence:								
Time of Occurrence:								
Name/ID of Employee(s) or Others Involved:								
Vehicle ID/Route Name or Number:								
Direction of Travel:								
Location of Incident:								
Mobility Aid Used (if any):								

If above information is unknown, please provide other descriptive information to help identify the employee:		
Description of Incident: As applicable, explain as clearly as possible what happened and why you believe you were discriminated against. If more space is needed, please add additional pages.		
SECTION IV: FOLLOW-UP		
May we contact you if we need more details or information?	Yes	No
What is the best way to reach you? (choose one) If a phone call is preferred, what is the best day and time to reach you?	Phone	
	Email	
	Mail	
SECTION V: DESIRED OUTCOME		
What steps have you have taken to address the conflict or problem?		
What type of corrective actions took place?		
What remedy are you seeking?		
SECTION VI: ADDITIONAL INFORMATION		
Have you previously filed a complaint with this agency?	Yes	No
Have you filed this complaint with any other Federal, State or Local agency, or with any Federal or State Court?	Yes	No
If yes, to the question above, list all agencies contacted:		
Please provide information about a contact person at the agency/court where each complaint was filed. Name, Agency, Address, Phone, Email		

Please attach any documents you have which support the allegation. Then date and sign this form and send it to the **City of Shawano**:

_____ **Complainant Signature**

_____ **Date**

_____ **Print Your Name**