

Complaint/Comment Form

The Threshold Incorporated 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 eahlgren@thresholdinc.org or in person at the address below.

The Threshold Incorporated

600 Rolfs Avenue

West Bend WI 53093

You may also call us at (262) 338-1188, ext. 525. *Please make sure to provide your contact information in order to receive a response.*



TITLE VI COMPLAINT / COMMENT FORM

Section A: Accessible Format Requirements <i>(Please check the preferred format for this document)</i>			
<input type="checkbox"/> Large Print	<input type="checkbox"/> TDD or Relay	<input type="checkbox"/> Audio Recording	<input type="checkbox"/> Other <i>(please state what type of format you need in the box below)</i>

Section B: Contact Information		
Name	Telephone Number (_____) _____	
Address		
City	State	Zip Code
Email Address		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>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.</i>		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Section D: Comment Details			
Please answer the questions below regarding your comment.			
Did the incident occur on the following type of service? <i>Please check any box that may apply.</i>	<input type="checkbox"/> Paratransit	<input type="checkbox"/> Shared Ride Taxi	<input type="checkbox"/> Bus
What was the date of the occurrence?			

What was the time of the occurrence?	
What is the name or identification of the employee or employees involved?	
What is the name or identification of others involved, if applicable?	
What was the number or name of the route you were on, if applicable?	
What was the direction or destination you were headed to when the incident occurred, if applicable?	
Where was the location of the occurrence?	
Was the use of a mobility aid involved in the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please add any additional descriptive details about the incident.	
In the box below, please explain as clearly as possible what happened and why you believe you were discriminated against.	

Section E: Follow-up		
May we contact you if we need more details or information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how would you best liked to be reached? Please select your preferred form of contact below		
<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
If you would prefer to be contacted by phone, please list the best day and time to reach you.		

Section F: Desired Outcome
Please list below, what steps you would like taken to address the conflict or problem.
If applicable, please list below all additional agencies you have filed this complaint with such as Federal, State, Local agencies, or with any Federal or State Court. Please include the contact information to where the complaint was sent.

Section G: Signature	
Please attach any documents you have which support the allegation. Then date and sign this form and send it to The Threshold Incorporated.	
Name	Date:
Signature	