# Options in Community Living, Inc. - Complaint/Comment Form

**Options in Community Living, Inc.** 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 at nschmidt@optionsmadison.com or in person at the address below.

 Options in Community Living, Inc.

Street Address: 551 Grand Oak Trail

City, State, Zip: Madison, WI 53714

Email: nschmidt@optionsmadison.com

You may also call us at 608-249-1585. 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: | [ ]  Race | [ ]  Color  | [ ]  National Origin |
| ADA/(Disability): | [ ]  Yes | [ ]  No |  |  |
| Service: | [ ]  Yes | [ ]  No |  |  |
| Other: | [ ]  Gender | [ ]  Religion | [ ]  Age | [ ]  Limited English Proficient |
|  |  |  |  |  |  |

**SECTION II: CONTACT INFORMATION**

Name:

Rider ID *(if applicable)*:

Street Address:

City, State, Zip:

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?**  [ ]  Yes [ ]  No

If you answered “yes” to this question, go to Section IV.

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 new need more details or information? [ ]  Yes [ ]  No

What is the best way to reach you? *(choose one)* [ ]  Phone [ ]  Email [ ]  Mail

If a **phone call** is preferred, what is the best day and time to reach you?

**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 **Options in Community Living, Inc.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |       |
| Complainant Signature |  | Date |  | Print Your Name |