

ADA Comment/Complaint Form

Transit Agency 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 in person at the address below or electronically at city.admin@blackriverfalls.us.

City of Black River Falls
 101 South Second Street
 Black River Falls, WI 54615
City.admin@blackriverfalls.us

You may also call us at 715-284-2315. Please make sure to provide us with your contact information in order to receive a response.

SECTION I: TYPE OF COMMENT (Choose One)*				
Compliment__	Suggestion__	Complaint__	Other:_____	ADA Related? Y / N
SECTION II: CONTACT INFORMATION				
Salutation [Mr./Mrs./Ms., etc.]:				
Name:				
Rider ID (if applicable):				
Street Address:				
City, State, Zip code:				
Phone:		Email:		
Accessible Format Requirements:	Large Print__	TDD/Relay__	Audio Recording__	Other_____
SECTION III: COMMENT DETAILS				
Transit Service (Choose One) [as applicable] [Bus/Subway/Paratransit]*				
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 or Message [Text box on web form for narrative]:				
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)*	Phone	Email	Mail	
If a phone call is preferred, what is the best day and time to reach you?				
SECTION V: DESIRED RESPONSE (Choose One)*				
- Email response - Telephone response - Response by U.S. Postal Mail				

* Drop-down menu on web forms