

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 city.admin@blackriverfallswi.gov or in person at the address below.

City of Black River Falls
101 South Second Street
Black River Falls, WI 54615

You may also call us at (715)284-5514. Please make sure to provide your contact information in order to receive a response.

Section A: Accessible Format Requirements

Please check the preferred format for this document

<input type="checkbox"/> Large Print	<input type="checkbox"/> TDD or Relay	<input type="checkbox"/> Audio Recording	<input type="checkbox"/> Other (if selected please state what type of format you need in the box below)
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Click or tap here to enter text.

Section B: Contact Information

Name <input type="text"/>	Telephone Number (including area code) <input type="text"/>
Address <input type="text"/>	City <input type="text"/>
State <input type="text"/>	Zip Code <input type="text"/>

Email Address

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.

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 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
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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"/> Transportation 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? Please check any box that may apply.	<input type="checkbox"/> Paratransit	<input type="checkbox"/> Shared Ride Taxi	<input type="checkbox"/> Bus
What was the date of the occurrence?	Click to add date in 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

Section E: Follow-up

May we contact you if we need more details or information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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
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If you would prefer to be contacted by phone, please list the best day and time to reach you.

<input type="text" value="Click here to add your preferred time"/>	<input type="text" value="Click here to add your preferred day"/>
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Have you filed a complaint with any other federal, state, or local agencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, list agencies and contact information (agency name, address, email, phone).

<input type="text" value="Click or tap here to enter text."/>

Section F: Desired Outcome

Please list below, what steps you would like taken to address the conflict or problem.

<input type="text" value="Click or tap here to enter text."/>

Section G: Signature

Please attach any documents you have which support the allegation. Then date and sign this form and send it to the City of Black River Falls.

Name <input type="text" value="Click or tap here to enter text."/>	Date: <input type="text" value="Click to add date in the following format: Day, month, year"/>
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Signature <input type="text" value="Click or tap here to enter text."/>
