

# Complaint/Comment Form

**City of Watertown** 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 Megan Dunneisen [MDunneisen@watertownwi.gov](mailto:MDunneisen@watertownwi.gov); or in person at the address below.

## City of Watertown

106 Jones Street

P.O Box 477

Watertown, WI 53094

You may also call us at 920-262-4006. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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.

Click or tap here to enter text.

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.**

☐ Complaint

☐ Suggestion

☐ Compliment

☐ Other

**Which of the following describes the nature of the comment? Please check one or more of the check boxes.**

☐ Race

☐ Color

☐ National Origin

☐ Religion

☐ Age

☐ Sex

☐ Service

☐ Income Status

☐ Limited English Proficient (L.E.P)

☐ 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.*

☐ Paratransit

☐ Shared Ride  
Taxi

☐ 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
<b>If yes, how would you best liked to be reached? Please select your preferred form of contact below</b>		
<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.**

Click here to add your preferred time	Click here to add your preferred day
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## Section F: Desired Outcome

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

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Click or tap here to enter text.

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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.

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Click or tap here to enter text.

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## Section G: Signature

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

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Name Click or tap here to enter text.

**Date:** Click to add date in the following format: Day, month, year

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Signature Click or tap here to enter text.

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