Appendix 3

Handishop Industries, Inc. - Complaint/Comment Form

Handishop Industries, 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 www.handishop.org or in person at the address below.

Handishop Industries, Inc.
1411 North Superior Ave
Tomah, WI 54660

Section A: Accessible Format Requirements

Please check the preferred format for this document

☐ Large Print	☐ TDD or Relay	☐ Audio Recording	☐ Other (if selected please state what type of format you need in the box below)

Click or tap here to enter text.

You may also call us at 608-372-3289. Please make sure to provide your contact information in order to receive a response.

Section B: Contact Information

Name Click or tap here to enter text.	Telephone Number (including area code) Click or tap here to enter text.
Address Click or tap here to enter text.	City Click or tap here to enter text.
State Click or tap here to enter text.	Zip Code Click or tap here to enter text.

Email Address Click or tap here to enter text.

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.

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?	☐ Yes	☐ 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?	☐ Yes	☐ No

If yes, how would you best liked to be reached? Please select your preferred form of contact below

☐ Phone	☐ Email	☐ 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

Section F: Desired Outcome

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

Click or tap here to enter text.

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.

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 Handishop Industries, Inc.

Name Click or tap here to enter text.	**Date:** Click to add date in the following format: Day, month, year

Signature Click or tap here to enter text.