



Palace Transit Complaint Form

Section I

Person filing complaint:

Name: _____
Address: _____
Telephone (Main): _____ (Other): _____
E-mail: _____

Section II

Complaint Type:

General ADA Title VI (See Title VI Complaint Form)

Description of Complaint:

* You may attach any written materials or other information that you think is relevant to your complaint.

Section III

Have you filed this complaint with any other Federal, State, or local agency/court?

Yes No

If yes, check all that apply:

Federal State Local

Please provide contact information of the agency/court where complaint was filed.

Agency/Court: _____
Contact Name: _____
Contact Title: _____
Address: _____
Telephone: _____

Section IV

Signature: _____ Date: _____

Printed Name of person completing form
(if different than person filing complaint): _____

Relationship to person filing complaint: _____

Please submit this form in person at the address below, or mail this form to:

Palace Transit
300 W 1st Avenue
Mitchell, SD 57301
605-995-8440