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