

# Rural Office of Community Services, Inc. [ROCS] Transit ADA/General Complaint Form

You may check more than one.

Type of complaint:

\_\_\_\_\_ ADA      \_\_\_\_\_ General      \_\_\_\_\_ Other

Please Explain:

What are you hoping will result from this complaint?

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

E-mail Address \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

\_\_\_\_\_  
Signature (Passenger)

\_\_\_\_\_  
Date

Mail Complaint To: ROCS Transit Manager  
PO Box. 547  
Wagner, SD

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## OFFICE USE ONLY

Date Complaint Received: \_\_\_\_\_

Date Complaint Reviewed: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Transit Location: \_\_\_\_\_

Date Investigated: \_\_\_\_\_

Date of Corrective Action: \_\_\_\_\_