

# Baraboo Transit - Shared Ride Service Complaint Form

**FOR QUESTIONS ABOUT THIS FORM, PLEASE CALL BARABOO TRANSIT AT (608) 356-8300**  
In order to process the complaint, this form must be fully completed and provided to the City of Baraboo.

Type of Complaint:

- Service Related** (e.g., customer service, amount charged, driver behavior, missed ride, late ride, cleanliness of vehicle, phone reservation system)
- Discrimination** (e.g., discrimination based on disability, race, gender, national origin, etc.)
- Other** (e.g., size of service area, general cost of service)

**FULL NAME:**

Address:

Phone #:

Email:

Please provide a brief description of the events leading to this complaint, including **WHEN**, **WHERE** and **HOW** it occurred:

If the incident occurred while you were a passenger, please provide the date and time of the ride, and include the name of the driver or any other passengers if known:

Please state what you would like to see the complaint resolved:

Signature:

Date:

**RETURN THIS FORM TO:  
CITY OF BARABOO, ATTN: CITY CLERK, 101 SOUTH BLVD., BARABOO, WI 53913**