



**Dane County Department of Human Services  
Division of Adult Community Services**

Director – Lynn Green  
Division Administrator - Fran Genter

**JOE PARISI**  
DANE COUNTY EXECUTIVE

**DCDHS Specialized Transportation Service (STS) Customer Feedback Form**

**Feedback:** \_\_\_\_ Compliment \_\_\_\_ Complaint \_\_\_\_ Suggestion \_\_\_\_ Other \_\_\_\_\_

**Provider:**  Care Vans  Meister's  Running, Inc  Transit Solutions  We Care  Capitol Express  Other \_\_\_\_\_  Don't Know

**Customer Name:** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**Customer Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Daytime Phone Number** \_\_\_\_\_ **Evening Phone Number** \_\_\_\_\_

**Date and Time of Incident:** \_\_\_\_\_ **Ambulatory**   
**Uses Wheelchair**

**Details of compliment, complaint, or suggestion:**

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**Would you like to be contacted?**  Yes  No

**If DCDHS has questions or follow-up, who should be contacted?**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Return this form to DCDHS, Attn: Doug Hunt Fax: 242-6531 or mail to address below.**