GENERAL COMPLAINT FORM

Section I
Name: ____________________________________________
Address: ____________________________________________

Telephone (Home): __________________ Telephone (Work): __________________

Electronic Mail Address: ____________________________________________

Accessible Format Large Print Audio tape
Requirements? TTD Other

Section II
Are you filing this complaint on your own behalf: Yes* No
*If you answered “yes” to this question, go to Section III.
If not, please supply the name and relationship of
the person for whom you are complaining: ____________________________________________

Please explain why you have filed for a third party: ____________________________________________

Please confirm that you have obtained the permission of Yes No
the aggrieved party if you are filing on behalf of a third party.

Section III
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal
or State court?
( ) Yes ( ) No
If yes, check all that apply:
( ) Federal Agency: ______________________________
( ) Federal Court: ______________________________ ( ) State Agency: ______________________________
( ) State Court: ______________________________ ( ) Local Agency: ______________________________

Please provide information about a contact person at the agency/court where the complaint
was filed.
Name: ____________________________________________
Title: ____________________________________________
Agency: ____________________________________________
Address: ____________________________________________
Telephone: ____________________________________________
Section IV

Name of agency complaint is against: ________________________________
Contact person: ________________________________
Title: ________________________________
Telephone number: ________________________________

Explain complaint:

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

Signature and date required below.

_________________________   __________________________
Signature                  Date

Please submit this form in person at the address below, or mail this form to:
RURAL OFFICE OF COMMUNITY SERVICES, INC.
140 Hwy 50-PO Box 70
Lake Andes SD 57356
ADA COMPLAINT FORM

Section I
Name: ________________________________
Address: ________________________________
Telephone (Home): _____________________ Telephone (Work): _______________________
Electronic Mail Address: ________________________________
Accessible Format Requirements? Large Print Audio tape Other
TTD

Section II
Are you filing this complaint on your own behalf: Yes* No
*If you answered “yes” to this question, go to Section III.
If not, please supply the name and relationship of the person for whom you are complaining: ________________________________
Please explain why you have filed for a third party: ________________________________

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.
Yes No

Section III
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?
( ) Yes ( ) No
If yes, check all that apply:
( ) Federal Agency: ________________________________
( ) Federal Court ________________________________ ( ) State Agency ________________________________
( ) State Court ________________________________ ( ) Local Agency ________________________________

Please provide information about a contact person at the agency/court where the complaint was filed.
Name: ________________________________
Title: ________________________________
Agency: ________________________________
Address: ________________________________
Telephone: ________________________________
Section IV
Name of agency complaint is against:____________________________________
Contact person:________________________________________________________
Title:________________________________________________________________
Telephone number:_______________________________________________________

Explain complaint:

You may attach any written materials or other information that you think is relevant to your complaint.
Signature and date required below.

____________________________________  ______________________________________
Signature                                      Date

Please submit this form in person at the address below, or mail this form to:
RURAL OFFICE OF COMMUNITY SERVICES, INC.
140 Hwy 50-PO Box 70
Lake Andes SD 57356