

<b>COMPLIMENT/COMPLAINT FORM (Revised 7/19/13)</b>	
<b>DATE TAKEN:</b>	
<b>DATE OF INCIDENT:</b>	
<b>TIME OF INCIDENT:</b>	
<b>COMPLETED BY:</b>	
<b>CUSTOMER NAME:</b>	
<b>CONTACT PHONE#</b>	
<b>EMAIL:</b>	
<b>COMPLAINT TYPE</b>	<input type="checkbox"/> service failure <input type="checkbox"/> Safety <input type="checkbox"/> Our policies/procedures <input type="checkbox"/> Staff behavior <input type="checkbox"/> Passenger behavior <input type="checkbox"/> Other
<b>DESCRIPTION:</b> <i>Include who, what, when, where, why. Include the bus number, bus route and/or bus driver (ID through daily Bus Assignment Sheet). Ask questions, if needed so information is complete. Never assume the informatoin given is true or false. Remain neutral.</i>	
<b>DETERMINATION OR FINDINGS:</b>	
<b>Signature:</b>	
<b>Date Closed:</b>	