

ADA COMPLIMENT/COMPLAINT FORM <i>(Revised 12/12/2022)</i>	
DATE TAKEN:	
DATE OF INCIDENT:	
TIME OF INCIDENT:	
COMPLETED BY:	
CUSTOMER NAME:	
CONTACT PHONE#	
EMAIL:	
Passenger Info	<input type="checkbox"/> ADA <input type="checkbox"/> Senior <input type="checkbox"/> Youth <input type="checkbox"/> Adult
COMPLAINT TYPE	<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
DESCRIPTION: <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>	
DETERMINATION OR FINDINGS:	
Signature:	
Date Closed:	