

Complaint Form

Section I								
Name			Date		Time			
Address								
City		State		Zip Code				
Telephone	(Home)	(Cell)		•				
Email								
Location of Incident								
Section II								
Are you filing this complaint on your own behalf? Yes No								
*If you answered "yes" to this question, please proceed to Section III.								
If not, please provide the name and relationship of the person for whom you are filing this complaint.								
If you are filing on behalf of a third party, please confirm that you Yes No No								
have obtained permission.								
Please explain why you have filed for a third party:								
riease explain why you have hieu for a third party.								
Section III								
What type of issue is this?								
Missed Stop								
On Time Performance								
Customer Service								
☐ Maintenance/Equipment								
Traffic Violation								
☐ Fare Media ☐ Call Center								
Other:								

Please provide a description of your complaint to include names, dates, times, route numbers, vehicle numbers, witnesses and any vital information that would assist us in our investigation. Also, please provide any documentation that is relevant to this complaint. You may attach additional sheets as necessary. Do you need a follow-up call?							
Yes No							
Section IV							
Is this complaint related to the Amer ADA prohibits discrimination against individua in all areas of public life, including jobs, school all public and private places that are open to t	icans with Disabilities Act (ADA) Is with disabilities s, transportation, and he general public.						
Is this complaint related to the Title VI Act? Title VI prohibits discrimination on the basis of race, color, or national origin in any program or activity that receives Federal funds or other Federal financial assistance. Yes No Proprieta No Proprie							
Have you filed this complaint with any other Federal, State or Local Agency? Please check all that apply. Department of Transportation Federal Transit Administration U.S. Department of Justice Equal Employment Opportunity Commission Other (Please provide Agency Names below)							
Agency Name	Contact Person	Phone Number	Email Address				