

# General Complaint/Request Form

**Complaint/Request Issued By:**

Telephone\_\_\_\_\_Email\_\_\_\_\_Mail\_\_\_\_\_

**Contact Information:**

Name\_\_\_\_\_

Street Address\_\_\_\_\_

City, State, Zip Code\_\_\_\_\_

Telephone Number\_\_\_\_\_Email Address\_\_\_\_\_

**Accessible Format Requirements:**

Large Print\_\_\_\_\_TDD Relay\_\_\_\_\_Audio Recording\_\_\_\_\_Other\_\_\_\_\_

**Incident Details:**

Fixed Route Service\_\_\_\_\_Paratransit Service\_\_\_\_\_

Date/Time of Occurance\_\_\_\_\_

Name of Employee(s) and/or Others Involved\_\_\_\_\_

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Vehicle Number and Route\_\_\_\_\_Direction of Travel\_\_\_\_\_

Location of Incident\_\_\_\_\_

Mobility Aid Used\_\_\_\_\_

If above information is unknown, then please provide other descriptive information in order to help identify employee(s)\_\_\_\_\_

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Description of Incident or Message\_\_\_\_\_

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Special Request\_\_\_\_\_

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**Follow-Up:**

May we contact you if we need more details? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the best way to reach you? Phone \_\_\_\_\_ Email \_\_\_\_\_ Mail \_\_\_\_\_

If a phone call is preferred, then what is the best day and time to reach you?

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**Desired Response:**

Email \_\_\_\_\_ Phone \_\_\_\_\_ Mail \_\_\_\_\_