

FORMAL COMPLAINT

FOR SUPERVISORS USE ONLY

<input type="checkbox"/> LETTER NON PASSENGER <u>DATED: _____</u>	<input type="checkbox"/> LETTER PASSENGER <u>DATED: _____</u>	<input type="checkbox"/> PHONE CALL <u>DATE: _____</u>
COMPLAINT NUMBER _____ - _____ - _____	<input type="checkbox"/> ADA	<input type="checkbox"/> Discrimination

DATE COMPLAINT TAKEN: _____ TIME COMPLAINT TAKEN: _____

NAME OF COMPLAINT: _____

ADDRESS: _____ PHONE: _____

DATE OF INCIDENT: _____ TIME: _____

LOCATION OF INCIDENT: _____ DIRECTION OF BUS: _____

BUS NUMBER: _____ ROUTE: _____ OPERATOR: _____

COMPLAINT TAKEN BY: _____

NATURE OF COMPLAINT: _____

INVESTIGATION: _____

ACTION RECOMMENDED: _____ BY: _____

RECORD OF FINAL ACTION: _____ BY: _____

_____ BY: _____