Customer Complaint Form

Name of Complainant: _____

Address: _____City: _____ State: _____ Zip: _____

Phone Home: _____ Phone Cell: _____

Email Address: _____

Nature of Complaint:

Date of Complaint: _____ Date of Trip: _____ Time of Trip: _____

Please fill out the information below and then fill in the comment section about what your complaint or issue is.

☐	Late Trip	Driver Name	_____
☐	Missed Trip	Driver Number	_____
☐	Vehicle Problems	Route Number	_____
☐	Driver Behavior	Bus Number	_____
☐	Passenger Discomfort		
☐	Reservation Problem	Other	_____

☐ Wheelchair ☐ Ambulatory ☐ Stretcher

Complaint or Issue