

Transportation Complaint/Compliment Form



*Alternate / accessible formats available
Assistance completing this form available upon request*

Name of person filling out form _____

Date _____ Telephone Number _____

Street Address _____ City _____ Zip _____

Specifics of complaint or compliment

Date _____ Approximate Time _____

Bus driver (if known) _____ Vehicle number _____

Passenger's Name _____

Location at time of incident _____

Nature of complaint or compliment (use back of form if needed)

Signature _____ Date _____ Time _____

Complain/compliment verbally reported to _____

Date reported _____ Time reported _____

For assistance in resolving a problem, mail this form (complaints must be filed within two weeks of the date the problem is experienced) using the self addressed envelopes on all PCACS vehicles or mail to: **PCACS - 1005 Campbell Street, Valparaiso, IN 46385 to the attention of the Transportation Manager**

Complaints must be filed within two weeks of the date the problem is experienced.

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COMPLAINT INVESTIGATED BY _____ DATE _____ TIME _____

ADA complaint YES NO Q METHOD RECEIVED YES NO

FINDINGS

