

Appendix D
Complaint Form

Regional Bus Authority

OPERATIONS/SERVICE COMPLAINT FORM

Assistance in completing this form is available upon request.

Consumer complaint forms are available in alternate formats upon request.

All complaints must be filed within thirty (30) days of the complained event or within thirty (30) days of the date that you obtained knowledge of the event.

Consumer/Complainant's

Name: _____

Address: _____

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City: _____ State: _____ Zip

Code: _____

Telephone Numbers:

Home _____ Work _____ Other _____

(contact information must be provided if a response is expected)

Date Report Made: ____/____/____ Would you like a copy of this Complaint to be shared with anyone: YES NO (If yes, please describe below)

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Date & Time of Incident/most recent occurrence: ____/____/____ Time: _____ Am
Pm

Nature of Complaint Is?: (Check applicable items) Fixed Route Related ____
Complementary Paratransit Related ____

Employee Related ____ Don't Know ____

Other: _____

If Fixed Route Related Route Number, if known: _____

Employee's Name/Driver's Name and/or Description, if known: _____

Nature of Complaint (add additional sheets if necessary): _____

To Be Completed by any person assisting the Complainant with the completion of this Complaint.

Name:

Address: _____ City: _____ State: ___ Zip
Code: _____

Relationship to Complainant: _____
Date: ___/___/___

Organization:

Reason for Assistance: _____

Telephone Numbers:
(Home) _____ (Work) _____ (Cell) _____

Signature: _____

Complaint Response Recipients: SELF ADVOCATE FORM ASSISTANT

Advocate Name and Address: _____