

## Feedback and ADA Complaint Form

SECTION I: TYPE OF COMMENT (Choose One)*				
Compliment	Suggestion	Complaint	Other	ADA Related? Y / N
SECTION II: CONTACT INFORMATION				
Salutation [Mr./Mrs./Ms., etc]:				
Name:				
Rider ID (if applicable):				
Street Address:				
City, State, Zip code:				
Phone:		Email:		
Accessible Format Requirements:	Large Print__	TDD/Relay__	Audio Recording__	Other__
SECTION III: COMMENT DETAILS				
Transit Service (Choose One) [as applicable] Fixed Route/Paratransit*				
Date of Occurance:		Time of Occurance:		
Name/ID of Employee(s) of Others Involved:				
Vehicle ID/Route Name or Number:				
Direction of Travel:				
Location of Incident				
Mobility Aid Used (if any):				
If above information is unknown, please provide other descriptive information to help identify the employee:				
Description of Incident or Message:				
Section IV: FOLLOW UP				
May we contact you if we need more details or info?		Yes	No	
What is the best way to reach you? (Choose one)*		Phone	Email	Mail
If a phone call is preferred, what is the best day and time to reach you?				
Section V: DESIRED RESPONSE (Choose One)*				
<ul style="list-style-type: none"> <li>• Email Response</li> <li>• Telephone Response</li> <li>• Response by U.S. Postal Mail</li> </ul>				