



Feedback and ADA Complaint Form

SECTION I: TYPE OF COMMENT (Choose One)*

<input type="checkbox"/> Compliment	<input type="checkbox"/> Suggestion	<input type="checkbox"/> Complaint	<input type="checkbox"/> Other	ADA Related? Y / N
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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 information?	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)*

• Email Response
• Telephone Response
• Response by U.S. Postal Mail