



TUOLUMNE COUNTY TRANSIT CUSTOMER COMMENT/COMPLAINT FORM

Customer Name:		Date Received:	
Address:		Time Received:	
City:		Received By:	
Telephone:			

SERVICE (Check one)						
Route 1 _____	Route 2 _____	Route 3 _____	Route 4 _____	Route 5 _____	Route 6 _____	DAR Route _____

Incident Date:	Time:	Bus Number:	Route:
Driver Name:			

TYPE OF COMMENT/COMPLAINT		
Employee Commendation _____	Careless Driving _____	Unsafe Equipment _____
Driver Attitude _____	Accident _____	Unsafe Practice _____
Driver Conduct _____	Refused Service _____	ADA concern/complaint _____
Fare Dispute _____	Discrimination/Bias _____	Receptionist Attitude _____
Receptionist Error _____	Other _____	
Recommendation for Service/System Modification _____		

[illegible][illegible]