

TUOLUMNE COUNTY TRANSIT CUSTOMER COMMENT/COMPLAINT FORM

Customer Name:		Date Received:						
Address:				Time Received:				
City:				Received By:				
Telephone:					1010 0			
SERVICE (Check one)								
	Route 2	Route 3	Route 4	Route 5	Route	; b	DAR Route	
Incident Date:		Tim	e:	Bus Number:		Route:		
Driver Name:								
TYPE OF COMMENT/COMPLAINT								
Employee Commendation Careless Driving Unsafe Equipment								
Driver Attitude	river Attitude Accident					Drestice		
Driver Canduct	duet Refused Continu				Unsafe Practice ADA concern/complaint			
Driver Conduct								
Fare Dispute Discrimination/Bias						Recepti	onist Attitude	
Receptionist Error Other								
Recommendation for Service/System Modification								
Customer Statement (Details):								
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			nagement Action	s/Response				
Employee Interviewed		By:					ate:	
Equipment Inspection		By:		7		Da	ate:	
Customer Interviewed		By:				Da	ate:	
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