



Customer Complaint/ Comment Form

CUSTOMER INFORMATION:			
First Name:		Last Name:	
Home Address:			
Phone Numbers	<input type="checkbox"/> Home:	<input type="checkbox"/> Cell:	<input type="checkbox"/> Work:

INFORMATION ABOUT COMPLAINT		
Date of Complaint:	Time:	Transportation Company Name:

RIDES Fare Card Number:

<p><u>Possible Issues:</u></p> <p>✓ Please check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Driver Rude <input type="checkbox"/> Driver Speeding <input type="checkbox"/> Vehicle Dirty <input type="checkbox"/> AC or Heat Not Working <input type="checkbox"/> Fare Issue <input type="checkbox"/> Dispatch Issue <input type="checkbox"/> Customer Service Issue <input type="checkbox"/> Other: Please explain in detail below. <p>_____</p> <p>_____</p>
--

Best Number and Time to Contact You?

Customer Comments:

FOLLOW UP INFORMATION	
The individual that investigated the complaint. (<i>Print Name</i>)	
Signature:	
Date of Resolution:	Date Customer Contacted:

FOR OFFICE USE ONLY

Document any follow-up action taken after receipt of the incident report.

Date	Action Taken	By Whom