

ADA Compliment-Suggestion-Complaint Form

Section I: TYPE OF COMMENT (Choose One)				
Compliment <input type="checkbox"/> Suggestion <input type="checkbox"/> Complaint <input type="checkbox"/> Other <input type="checkbox"/>				ADA Related? Y/N
Name:				
Address:				
City, State, Zip Code:				
Telephone (Home):			Telephone (Work):	
Email Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD/Relay		Other	
Section II: COMMENT DETAILS				
Transit Service:				
Date of Occurrence:		Time of Occurrence:		
Vehicle ID or Number:				
Name of Employee (s) or Others Involved				
Direction of Travel:		Mobility Aid Used(if any)		

Location of Incident:		
Mobility Aid Used (if any)		
If above information is unknown, please provide other descriptive information to help identify the employee(s)		
Description of Incident or Message:		

Section III: Follow Up

May we contact you if we need more details or information? Yes No (circle one)

What is the best way to reach you? Phone Email Mail (circle one)

If phone is the best way to reach you what is the best day and time to reach you?

Section IV: Desired Response (Choose One)
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- Email
- Telephone
- Response by Mail