

Saginaw Transit Authority Regional Services Customer Complaint Form

Customer Information	
Customer Name:	Customer Phone:
Customer Address:	
City/State	Zip

Route Information			
<input type="checkbox"/> Fixed Route	<input type="checkbox"/> Lift Service	<input type="checkbox"/> Tripper	
Date of Incident:		Time of Incident:	
Location of Incident:			
Vehicle #:	Route #:		Outbound Inbound
Driver's Name:			

Complaint Information	
Brief Description of Complaint:	
Complaint taken by:	Date:

Action/Recommendation:	
Action taken by:	Date: