or YAK	Yakima Transit - Complaint Form				
S Car Z	City Of Yakima, Transit Division				
9.					
2301 Fruitvale Blvd, Yakima, WA 98902 Phone: (509)576-6415 (M-F 7am-8pm & Sat 8am-6pm) (Spanish M-F 8am-5p					m) on
	Fax: (509)576-6414				
INTRODUCTION Please type or print your answers clearly.					
Yakima Transit is committed to providing safe and reliable Transit options within the City of Yakima, City of Selah,					
and a portion of Terrace Heights. Customers of Yakima Transit are a fundamental aspect of our business and as such,					
their feedback is crucial to Yakima Transit's growth and development.					
The Yakima Transit Customer Complaint Policy has been established to ensure that passengers have an easy and					
accessible way to provide feedback to Yakima Transit regarding complaints, comments, suggestions, or concerns. A					
complaint form is available upon request. All incident-related complaints must be filed within 180 days from the date of the incident.					
Feedback sent via email, mail, or fax will receive with a response within seven business days.					
PART I – GENERAL INFORMATION					
1 Complement's					
Name, Address, &					
Phone Number	Street:				
	City:	ST:	Zip:	Phone: ()	
2. Transit Service Check One Bus Dial-A-Ride Vanpool Commuter					
3. Is the reason for this complaint related to an employee? Yes No If so, please complete the following					
Employee Route Incident Date, Time, & Location					
4. Is a returned call necessary?: Yes No					
5. Is the basis of this complaint based on a protected Civil Rights Class, if so what type?: (Check All That Apply)					
race color national origin creed sex sexual orientation military status					
honorably discharged veteran in the presence of any sensory, mental, or physical disability					
use of a trained guide dog or service animal by a person with a disability					
6. Please describe the nature of the complaint or the events that took place:					
PART II – CERTIFICATION					
7. I certify that the information on this form and any attachments are true and correct to the best of my knowledge.					
Complainant's Signature Date					
If you are not satisfied with the final outcome, you have the right to file a complaint or appeal with one of the					
following organizations: WA State Dept. of Transportation, Federal Transit Administration, or U.S. Dept. of Justice					
For Administrative Use Only Revised 6-10					
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Date & Time Descind Descining Employee					
Date & Time Recei	ved	Receiving Employee			