CUSTOMER COMPLAINT

COMPLAINTS WILL ONLY BE INVESTIGATED WHEN FULL NAME AND CONTACT INFORMATION IS PROVIDED. THIS INFORMATION IS USED ONLY FOR VERFICATION PURPOSES AND TO CONTACT YOU IF ADDITIONAL INFORMATION IS NEEDED.

CUSTOMER FULL NAME:	**PHONE #:**
ADDRESS:	**EMAIL:**

DATE OF INCIDENT: _____ **TIME OF INCIDENT**: _____

ROUTE#: _____ **BUS#:** _____ **DRIVER/EMPLOYEE NAME:** _____

LOCATION OF INCIDENT: _____

DESCRIBE IN DETAIL THE NATURE OF YOUR COMPLAINT. (USE REVERSE SIDE IF NEEDED)

CUSTOMER SIGNATURE: _____ **DATE:** _____

COMPLAINT RECVD BY: _____ DATE: _____

CUSTOMER COMPLAINT

REVIEWING SUPERVISOR NAME:	DATE REVIEWED:
FOLLOW UP ACTION TAKEN:	
	YPD Case# (if applicable)