- COL VALO	Yakima Transit - Complaint Form					
	City Of Yakima, Transit Division					
	2301 Fruitvale Blvd, Yakima, WA 98902					
Phone: (509)575-6175 (M-F 7am-8pm & Sat 8am-6pm) (Spanish M-F 8am-5pm) or						5pm) or
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. Customers of Vakima Transit are a fundamental access of our business and as such their feedback is crucial to Vakima Transit's						
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 to ten business days.						
PART I – GENERAL INFORMATION						
1. Complainant's Name, Address, &	Name:					
Phone Number	Street:					
	City:		ST: Z	Zip:	Phone: ()	
2. Transit Service Check One		Bus	Dial-A-I	Ride	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)						
arace color national origin creed sex sexual orientation military status						
honorably discharged veteran 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: 						
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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						
						evised 06/2023
Notes:						File #
Date & Time Receiv	ved	Receiving	Employee			
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