

Customer Complaint Form

Complaint Date _____ Time _____

Complainants Name _____

Address _____ Telephone Number _____

Date _____ Time _____ location of occurrence. _____

Witness Information:

1. Name _____ Address _____ Tel.# _____

2. Name _____ Address _____ Tel # _____

Employee _____ Bus Number _____ Route _____

Details of Complaint (Use the caller's words): _____

Witness Statements:

#1. _____

#2. _____

Employee Response: _____

Disposition of Complaint: _____

Employee Acknowledgment of Complaint:

Signature _____ Date: _____

Investigating Supervisor _____ Date _____

Use reverse side for additional information.