

Central Community Transit Complaint Form

Date of Complaint: _____

Bus or Vol. Dr.: _____

Time of Complaint: _____

Name of Driver _____

Location of Incident/Complaint: _____

Person(s) involved in Complaint:

Name:

Address:

Telephone Number:

Full Description of Complaint: (include all pertinent information)

CCT office fill out below

Name of CCT Employee filling this out: _____

Was Social Worker notified (yes / no) *If yes answer below questions:*

Name of Social Worker: _____ Phone #: _____

Date Social Worker was notified: _____ Time Social Worker was notified: _____

Full Description of Social Worker discussion:

Signature: _____

Date: _____