



Customer Complaint Form

Customer Information	
Customer Name:	
Customer Address:	Customer Phone:

Complaint Information			
Complaint Date:	Complaint Time:	Office Called?	First Occurance?
Bus Route:	Witness Names:		
Location:			
Complaint Details:			

For Office Use Only

First Response Corrective Action:
Suspected Cause (Driver and/or Attendant statement(s):
Video Footage (Review and/or Saved):
Corrective Action Follow-up:
Steps to be considered to avoid a repeat of the problem:
Corrective Actions Person(s):
Date: