

**Complaint Form**  
*Areawide Community Transportation System*  
East Alabama Regional Planning and Development Commission

Date: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

If mailed, date mailed to Complainant for completion: \_\_\_\_\_

Nature of Incident (Describe in full): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How was this Complaint Received (Circle one):

In Person      Phone      Fax      Email      Letter      Other

Name of Complainant: \_\_\_\_\_

Signature of Complainant: \_\_\_\_\_

Employee Reviewing Complaint/Taking Complaint: \_\_\_\_\_

Signature of Transit Employee: \_\_\_\_\_

Actions Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_