El Metro Customer Comment Form

Comment ☐
Complaint ☐
Other ☐

☐ Fixed Route Bus Service
☐ El Lift Paratransit Service
☐ ADA Fixed Route Service
☐ ADA El Lift Paratransit Sevice
☐ Title IV

Identity Of Customer				
Last Name	First Name	Date Reported:		
Address		Telephone Number		
Complaint received by : Letter ☐ Telephone ☐ Other				
Accessible Formats:	Large Print ☐	TDD/Relay ☐	Audio Recording ☐	Other ☐
Identity Of Vehicle				
Date of Incident	Name of Route & Route No.	Taken By:	Bus or Van Number	
Time of Incident a.m./p.m.	Location of Accident or Incident			
Name or Description of Operator				

Customer 's Remarks:

Investigation:

Investigated By: _____ **Date:** _____

Follow up Date:_____ _____

Date Customer Contacted: _____ **By:** _____

Close Date:_____

Record of Final Action:

Document retention for One year