

# El Metro Customer Service Form

- Complaint
- Commendation
- Suggestion
- Other

- Title VI (Use Title VI Form)
- Fixed Route Bus Service
- El Lift Paratransit Service
- Other
- ADA Fixed Route Service
- ADA El Lift Paratransit Serv

Identity Of Customer			
Last Name	First Name	Date Reported	
Address		Telephone Number	
Complaint received by :			
Letter <input type="checkbox"/>		Telephone <input type="checkbox"/>	Other <input type="checkbox"/>
Identity of Vehicle			
Date of Incident	Name of Route & Route No.	Taken By:	Bus or Van Number
Time of Incident	Location of Accident or Incident		
Name or Description of Operator			

### Customer 's Remarks:


### Investigation:


Investigated By: \_\_\_\_\_

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

Date Customer Contacted: \_\_\_\_\_

By: \_\_\_\_\_

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

#### Record of Final Action:


Document retention for One year