



Manatee County Area Transit Comment Form

Rider Complaint Info/Investigation Log

Date _____ Time _____

Contact Information (Please Print):

Record # _____

Name (First, Last) _____

Email Address _____

Telephone _____

Information:

Service Type (circle one) Fixed Route Trolley Paratransit Other 99-SCAT?

Boarding Location _____
(Street & Closest Intersection, Station Name or Address)

| | | | |
|---------------|-------------------------------|-----------|---|
| _____ | _____ | _____ | <u>North</u> <u>South</u> <u>East</u> <u>West</u> |
| Date and Time | Vehicle Number (if available) | Bus Route | Direction of Travel (circle one) |

Destination or Bus Stop _____
(Street & Closest Intersection, Station Name or Address)

Comment/Suggestions: _____

Driver: _____

Run: _____

Forward to (circle one):

| | | | | |
|-------------------------------|-------------------------------|-------------------|------------------|------------------|
| Fixed Route Superintendent | Paratransit Superintendent | Logistics Manager | Operations Chief | Planning Manager |
|-------------------------------|-------------------------------|-------------------|------------------|------------------|

Person Completing Form _____
Print Name

Signature

CONTINUED ON BACK...

Comment RESPONSE

Date _____

Time _____

Contact type (circle): Spoke to Complainant Left Voicemail Unable to Contact

RESPONDER: _____

Print Name and Title

Signature

Response Details:

Video Server Location: _____

CCTV Video Viewing Notes: _____

Follow-up with Client: _____

IS COMPLAINT VALID PER VIDEO EVIDENCE? (circle one) YES NO

[If yes, proceed with Incident Report] [If no, deliver to Reception for filing.]