

HCPT COMPLAINT FORM

Complaint Type: Formal Informal
 Letter from passenger
 Letter from non-passenger
 Phone call

Date Complaint Taken: _____ Time Complaint Taken: _____

Name of Complainant: _____

Address: _____ Phone: _____

Time / Date of Incident: _____ / _____ Driver's Name: _____

Vehicle Number: _____ Route: _____ Operator: _____

Nature of Complaint: _____

_____ (Continue on back if necessary)

Complaint Taken By: _____

Investigation Results: _____

_____ (Continue on back if necessary)

Action Recommended: _____

_____ (Continue on back if necessary)

Record of Final Action: _____

By: _____ Date: _____