

## Rider Compliment/Complaint Form

Date _____	Time _____
Route _____	
Driver _____	Bus # _____
Rider Name _____	
Address _____	
Phone # _____	Rec'd by _____

<input type="checkbox"/>	<b>Compliment</b>				
<input type="checkbox"/>	<b>Complaint</b>	<b>Related to:</b>	Service	Equipment	Policy
			Personnel	Other	ADA

(in order to be a valid complaint, name and address must be completed.)

Comment:

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Action Taken/ Supervisor remarks: (office use ONLY)

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Please return this form to your driver or:

**Mail to us at:**  
DATA Bus  
Attn: Operations Director  
119 Henderson Court  
Delaware, Ohio 43015

<b>Only for ADA Complaints:</b> Email to: <a href="mailto:ADACRO@ridedata.com">ADACRO@ridedata.com</a> Mail to: Mobility Management Office 119 Henderson Court Delaware, Ohio 43015 Phone: 740-363-3355 Or Fax to: 740-362-7603
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