

CLINTON COUNTY PUBLIC TRANSIT (CCPT) COMPLAINT FORM

Today's date:			Date complaint occurred:			
RIDER INFORMATION						
Last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Age:	Sex:
						<input type="checkbox"/> M
Are you filing on your own behalf?		If not, who are you filing this for (name)?		Why are you filing for them (reason or relationship)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Street address:				Home phone no.:		
				()		
P.O. box:		City:		State:	ZIP Code:	
Have you previously filed a complaint?		If yes, what date?	With whom did you file the complaint? (circle one)		If Other, please describe below.	
<input type="checkbox"/> Yes <input type="checkbox"/> No		/ /	First Transit / Planning Dept./ Other (NCCI, BHSN, DSS, OFA, JCEO, etc.)/ unsure			
Is there anyone that can corroborate your story?		If yes, please provide their name and contact information:				
<input type="checkbox"/> Yes <input type="checkbox"/> No						
May we release this complaint to others (i.e. partner agency)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
COMPLAINT INFORMATION (PLEASE BE AS SPECIFIC AS POSSIBLE.)						
Driver name and/or description:		Route (i.e. North Rural, South City, etc.):		Time of Incident (AM or PM):	Bus Number or License Plate Number:	
Do you regularly use CCPT? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, how often?			
Please describe in your own words what occurred (attach a separate sheet if needed)			Please draw a diagram of incident if necessary:			
Nature of event (circle one):		Accident / Scheduling / Driver / Fellow Rider / Other		If Other, please describe:		

The above information is true to the best of my knowledge. I also authorize CCPT to release any information required to process my complaint.

Complainant signature

Date

CCPT Employee Fielding Complaint signature

Date