

Check one:

Metro

Metro Plus

Date Received: _____

Received By: _____

CUSTOMER SERVICE FORM

Complaint _____
Commendation _____
Suggestion _____

Customer's Name _____

Address _____

Phone _____

Zip _____

DATE OF INCIDENT: _____ TIME: _____ A.M. _____ INBOUND _____

P.M. _____ OUTBOUND _____ BUS # _____

ROUTE #: _____ Employee's Name (if known) _____

LOCATION: _____

OPERATIONS _____

- _____ Driver attitude/conduct
- _____ Careless driving/comfort
- _____ Early
- _____ Late
- _____ Passed By
- _____ Missed Transfer
- _____ Overload

- _____ Bus did not show
- _____ Off Route
- _____ Fare/Trans. Dispute
- _____ Wrong Signage
- _____ Motor run/lights on at terminal
- _____ Disturbance
- _____ Accident
- _____ Other

- INFORMATION SERVICES** _____
- MARKETING** _____
- ADMINISTRATION** _____
- PLANNING** _____
- _____ Route Protest
- _____ Stop signs/Shelters
- _____ Service Request
- MAINTENANCE** _____

CUSTOMER'S REMARKS: _____

1. FORWARD TO ADMINISTRATION

2. Route to: OPS _____ Information Services _____ Marketing _____ Planning _____ Maintenance _____

(SUPERVISOR USE ONLY) Action Taken and Comments. _____

Signature _____ Date _____

3. ADMINISTRATION Action Taken: Date _____ Correspondence _____ Other _____

4. SUGGESTION FILE Route # _____ Computer Entry _____

Distribution: White copy—Executive Director; Yellow copy—Development Dept.; Pink copy—Dept. of Referral