

HPT Complaint Form

_____ Complaint made in Person

_____ Complaint made via Telephone

Name of Caller: _____

Contact Number: _____

Date of Complaint: _____

Time of Complaint: _____

Nature of Complaint:
(check appropriate choice)

Driver

Driving

Early P/U

Late P/U

No Show

Passenger

Route

Schedule

ADA

Title VI

Other

Complaint Detail:

Action Taken:

Complaint Taken By: _____