

Squaxin Transit General Comment/Complaint Form

Please return to—Squaxin Transit, 10 SE Squaxin Lane, Shelton, WA 98584

Date of Incident: _____ Time of Incident: _____

Employee's Name: _____

Where did the incident occur?

Description of the Incident:

_____	_____
_____	_____
_____	_____

List any witnesses names and phone numbers: _____

Optional

Would you like someone to contact you? Yes No

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Best time to contact you: _____

Email Address: _____

Office Use Only

Comment/Complaint Form Number: _____

Date Received: _____

Received by: Mail Phone

E-Mail Fax

Investigation completed: _____

Response Date: _____

Appeal Date: _____

Response Date: _____

For a copy of our Title VI and ADA Policy or Title VI or ADA Complaint Forms, call the Program Services Manager at 426-9781 or visit our website at <http://www.squaxinland.org/>