

PARATRANSIT SERVICES COMPLAINT/COMMENDATION FORM

Transit Plus Client: _____

Address: _____

Place of Event: _____

Date: _____ Time: _____

Carrier: _____ Vehicle #: _____

Driver/Dispatcher/Employee Name: _____

Description: _____

AGENCY &/OR PERSON COMPLETING FORM:

Organization or Person Name: _____

Phone: _____ Fax: _____

Prepared By: _____

Date: _____ Time: _____

FAXED TO:

- | | |
|--|----------------|
| <input type="checkbox"/> Transit Plus Community Relations | 343-1787 |
| <input type="checkbox"/> Stephanie Baker (First Transit) | 817-9864 |
| <input type="checkbox"/> Goodwill Agency Service (First Transit) | 817-9864 |
| <input type="checkbox"/> John Doherty (Transit Express) | 264-7483 |
| <input type="checkbox"/> Milwaukee County Office For Persons With Disabilities | 278-3939 |
| <input type="checkbox"/> Bob Wilkening (American United Taxi) | 220-5016 |
| <input type="checkbox"/> John Knowles (American Logistics Taxi) | (435) 608-1711 |