OFFICE USE ONLY

DATE RECEIVIED: _____

CALLED IN: _____

WHO TOOK REPORT: _____

PASSENGER COMPLAINT FORM

Please complete this form to report a complaint regarding Pueblo Transit. The completed form should be returned to the office of Pueblo Transit at 350 Alan Hamel Ave., Pueblo, Co 81003 or emailed to transit@pueblo.us

GENERAL INFORMATION

Complainant's Name:		
Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	

INCIDENT DETAILS

Date:	Time:	AM ☐	PM ☐
Bus Route	Location:		

DESCRIPTION OF INCIDENT

Name of Driver involved if applicable:

Name of staff member involved if applicable:

Provide a detailed narrative of the incident including the chronological order of events, staff / passenger's involvement and action taken. Attach additional sheets if needed.

WITNESS INFORMATION	
Name:	
Address:	
Phone:	Email:
Name:	
Address:	
Phone:	Email:
SIGNATURE	
Signature:	Date:

SUBMIT

All Complaints are investigated by Pueblo Transit. All complaints are kept confidential and all information contained on this complaint is kept confidential. This form must be completely filled out.