

OFFICE USE ONLY

Date Rec: _____

Called in Yes No

Who took report _____

Transit Triangle (Michigan City Transit)

Passenger Complaint Form

GENERAL INFORMATION

Please complete this form to report a complaint against a Michigan City Transit Driver. The completed form should be returned to the Office of the Transit Department 1801 Kentucky St. Michigan City, IN 46360.

A report can be given over the phone by calling 219.873.1502.

COMPLAINANT INFORMATION

Name _____ Phone _____
Address _____
E-mail _____

INCIDENT DETAILS

Date _____ Time _____ am/pm Bus Route _____
Location _____
Name of driver or staff member involved _____

DESCRIPTION OF INCIDENT

Provide a detailed narrative of the incident including the chronological order of events, staff/passengers involvement and action taken. Use the back of this form or attach additional sheet if needed.

HOW DO YOU THINK THIS CAN BE RESOLVED

WITNESS INFORMATION

Name _____ Phone _____
Address _____
Email _____

WITNESS INFORMATION

Name _____ Phone _____
Address _____
Email _____

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

Over

