

**PORTAGE AREA REGIONAL TRANSPORTATION AUTHORITY (PARTA)
COMPLAINT, COMMENDATION OR SERVICE REQUEST FORM**

Date of Call: _____ Time: _____ Report taken by: _____

Name:
Home Address:
City, State & Zip Code:
Home Telephone No.:
Work Telephone No.:
Cellular Telephone No.:

Date of incident: _____ Approximate time: _____ AM/PM
 Route: _____ Block No.: _____ Bus No.: _____
 Operator: _____ Intersection: _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Careless Operation
<input type="checkbox"/> Improper Heat
<input type="checkbox"/> ADA Complaint
<input type="checkbox"/> Transfer Difficulty
<input type="checkbox"/> Commendation
<input type="checkbox"/> Service Request
<input type="checkbox"/> Fare Difficulty | <input type="checkbox"/> Discourtesy
<input type="checkbox"/> Punctuality
<input type="checkbox"/> Incorrect Info
<input type="checkbox"/> Passed Stop
<input type="checkbox"/> Route Error
<input type="checkbox"/> Passed Up | <input type="checkbox"/> Defective Equipment
<input type="checkbox"/> Signage
<input type="checkbox"/> Other -- Injury
<input type="checkbox"/> Other – Misc. |
|--|---|--|

Comments: _____

***Please return completed form to the Customer Service Department at PARTA.
Thank you.***

Response: _____

Action Taken By Department: _____

FOR CUSTOMER SERVICE USE ONLY

Requirements of Implementation: _____

Follow-up:

- Letter
- Phone
- No Response Wanted