

SECTION I: TYPE OF COMMENT (Choose One)				
Complaint _____	Suggestion _____	Compiment _____	Other _____	ADA Related? Yes _____ No _____

SECTION II: CONTACT INFORMATION	
Name:	
Street Address:	
City, State, Zip code:	
Phone:	Email:
Accessible Format Requirements:	Large Print ____ TDD/Relay ____ Audio Recording ____

SECTION III: COMMENT DETAILS	
Transit Service (Choose One):	Fixed Route / Dial-a-Ride
Date of Occurrence:	Time of Occurrence:
Name/ID of Employee(s) or Others Involved:	
Vehicle ID/Route Name or Number:	
Location of Incident:	
Mobility Aid Used (if any):	
If above info unknown, provide identifying details:	
Description of Incident or Message:	

SECTION IV: FOLLOW UP	
May we contact you if needed?	Yes ____ No ____
Best way to reach you:	Phone: _____ Email _____ Mail _____
Best day/time to reach you:	

SECTION V: DESIRED RESPONSE (Choose One)
Phone Response : _____ Email Response _____ Response by U.S. Mail _____

Please direct complaints to:
 Jason Rowe
 Operations Manager
 790 E Johns Prairie Rd. Shelton, WA 98584
 360-432-5735
 jrowe@masontransit.org