



# Citrus County Transit

## Passenger/Motorist/Employee

### Compliment, Hazard Complaint and ADA Complaint Report

Name:	Date:	Time:
Location or Route:	Phone #	
Driver:	Bus #:	
Received By	Referred To:	Call Time:
Category (Check one or more)	<input type="checkbox"/> <b>Compliment</b>	<input type="checkbox"/> <b>Complaint</b>
<input type="checkbox"/> Passenger	<input type="checkbox"/> Motorist	<input type="checkbox"/> Service Request
<input type="checkbox"/> Employee	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Safety
<input type="checkbox"/> Late	<input type="checkbox"/> ADA Accessibility	<input type="checkbox"/> Pass Up
<input type="checkbox"/> Early	<input type="checkbox"/> Other	<input type="checkbox"/> Bus Stop
Description of Event:		
Explanation of Event :		
Signature:	Date:	
Action Taken By Management:		
Supervisor or Directors Signature:	Date Completed:	
Chief Safety Officer/Liason Signature:	Date Completed:	

ID # \_\_\_\_\_