

OFFICE USE ONLY

Date Rec: \_\_\_\_\_

Called in Yes No

Who took report \_\_\_\_\_

# Michigan City Transit

## ADA / 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

