

## Transportation Complaint Form

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

Name of person filing complaint: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

### Specifics of Complaint:

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

Time (Approximate): \_\_\_\_\_

Vehicle Driver (If Known): \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant

Complaint Verbally Reported To: \_\_\_\_\_

Date Reported: \_\_\_\_\_

*Written complaints must be filed within 180 days of the date the problem is experienced. OE transit manager will have 2 weeks to respond to the complaint. Written appeals may be sent within 14 days to the transit director at OE.*

### \*\*\*For Transportation Department Use Only\*\*\*

Complaint investigated by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Findings: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information available in alternate forms upon request.

If you need assistance with filling out this form, call 219-464-9621 x 221 or x 259.