

TRANSPORTATION PASSENGER COMPLAINT FORM

DATE: _____

NAME OF PERSON FILING COMPLAINT _____

ADDRESS: _____

TELEPHONE NUMBER: _____

SPECIFICS OF COMPLAINT:

DATE OCCURRED: _____

TIME (APPROXIMATE): _____

BUS DRIVER (IF KNOWN): _____

NATURE OF COMPLAINT: _____

(SIGNATURE OF COMPLAINANT) _____

COMPLAINT VERBALLY REPORTED TO: _____

DATE REPORTED: _____ TIME REPORTED: _____

*****FOR TRANSPORTATION DEPARTMENT USE ONLY*****

COMPLAINT INVESTIGATED BY: _____

DATE: _____ TIME: _____

FINDINGS: _____

Please mail completed form to: Transporte, 102 "L" Street, LaPorte, IN 46350 (Attention: Manager) within 5 to 7 days of the incident. Please allow 7 to 10 days for a response. If not satisfied, please contact the Mayor's office at (219) 362-8220. If your complaint alleges discrimination on the basis of race, color, or national origin, you may file a complaint directly with the Federal Transit Administration:

**Director, Office of Civil Rights
Federal Transit Administration
400 Seventh Street, SW, Room 7412
Washington, DC 20590**

**For help filling out this form contact:
Transporte at: 326-8274 or 362-6565
Available in alterative formats upon request**