

# Rider Complaint Form

COMPLAINT TYPE: ADA \_\_\_\_\_ GENERAL \_\_\_\_\_

## Rider Information

Rider Name:	Rider Phone:
Rider Address:	
If under 18..	
Parent Name:	Parent Phone:
Parent Address:	

## Complaint Information

Complaint Date:	Complaint Taken By:
Complaint Details:	
Initial Corrective Action:	
Suspected Cause:	
What steps should be considered to avoid a repeat of the problem?	
Date:	

\_\_\_\_\_  
Name of person completing this form\_\_\_\_\_  
Signature\_\_\_\_\_  
Director Signature\_\_\_\_\_  
Date

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