



CUSTOMER COMMENT FORM

434-455-5081

Return completed form to Allen Robey

Employee Taking Call _____ Today's Date _____

Type of Call: Complaint _____ Compliment _____ Comment _____

Call From: Passenger _____ Citizen _____

Mr. / Ms. First Name _____ Last Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day _____ Night: _____

History: Have you called or written about this issue before?

No: _____ Yes: _____ How many times? _____ Not Sure: _____

Date: _____ Route: _____ Time: _____ AM / PM

Bus # _____ Location: _____

Weather Conditions: _____

Employee Information

MALE / FEMALE Description: _____

Name: _____

Please write legibly

(Over)

Employee Information:

MALE / FEMALE Description: _____ Name: _____

Misses/Running Hot Information:

Driver Speeding: Yes / No Speed: _____

Did you try to get the driver's attention? Yes / No

Customer Time Difference: <NA <2 <2-5 >5

Other Comments: (Description of Incident)

Follow-up/Resolution:

Date: _____

Initials: _____

Investigator _____

Disciplinary Action Anticipated:

- Yes If checked, forward to Shakim Little
- No
- N/A
- Compliment – Forward to Shakim Little