

UCHRA Public Transportation Passenger General Complaint Form

We want to provide our customers with the best ride experience possible. If you feel that we have missed the mark, please let us know by completing a complaint form.

Complainant Contact Information:

First and Last Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ County: _____
Phone: _____ Mobile: _____
Email: _____

Driver and Vehicle Information:

Driver First and Last Name: _____
County: _____
Vehicle Number: _____
Date of Event: _____ Time of Event: _____

Description of the complaint (be sure to include any witness names):

Explain what happened, when, and who was responsible. Please be specific. You may attach extra sheets.

OFFICE USE ONLY**Investigation and Determination**

Recommendation and Response

Is the investigation closed? ☐ Yes ☐ No *If yes, please list the date of closure:* _____

Investigator's Signature

I certify that the above information is true to the best of my knowledge.

Investigator's Signature

Date