



# CUSTOMER SERVICE COMMENT FORM

\_\_\_\_\_ SUGGESTION \_\_\_\_\_ COMPLIMENT \_\_\_\_\_ COMPLAINT \_\_\_\_\_ OTHER

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ A.M.  P.M.  Route #:

Employee's Name (if known) \_\_\_\_\_

Location \_\_\_\_\_

Written Comments:

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

***I declare, subject to penalties of perjury, that all the statements made in this complaint have been examined by me and to the best of my knowledge and belief are true and correct.***

Name \_\_\_\_\_ Signature: \_\_\_\_\_ Phone \_\_\_\_\_

*Please direct this completed form to the Human Resources Director, [hr@pacifict transit.org](mailto:hr@pacifict transit.org) or return to Pacific Transit System, 216 2<sup>nd</sup> Street, Raymond, WA 98577*