



# COMPLAINT FORM

## VICTOR VALLEY TRANSIT AUTHORITY

VVTA is committed to providing quality services that are safe and reliable. Please use this form for suggestions, compliments, and complaints. To ensure a response, please provide your contact information, and submit to: VVTA Customer Service, 17150 Smoke Tree Street, Hesperia, CA 92345 or via email at Info@VVTA.org.

SECTION A: Type of Comment		
What type of comment do you have? Circle one.	Suggestion/Comment	Request
	Complaint	Other
	ADA Complaint	Reasonable Accommodation
If other, please explain:		

SECTION B: Contact Information			
Name:			
Address:			
City:	State:	Zip Code:	
Phone (Home or Work):	Phone (Mobile):		
E-Mail Address:			

SECTION C: Incident Details			
Date of Incident:		Time of Incident:	AM / PM
Mobility Aide Used:		Vehicle ID:	
Employee Names:	MALE / FEMALE	Route Name or Number:	
		Direction of Travel:	
	MALE / FEMALE	Location of Incident:	
If above information is unknown, please provide additional description information to help identify the incident:			

SECTION E: Comments, Suggestions, Requests and/or Additional Information
If you have additional comments, please provide them below


SECTION F: Follow Up Communications			
<b>May we contact you if we need more details or additional information:</b>	Yes / No	<b>What is the best way to reach you (Circle One)*:</b>	Phone / Email / Postal Mail
<b>If a phone call is preferred, what is the best day and time to reach you?</b>			

SECTION D: Follow Up Communications Accessible Communications Requirements		
<b>Accessible Format Requirements?</b>	Large Print	Audio Recording
	TDD/Relay	Other
<b>Do you require information other than English?</b>	Yes / No	<b>If so, which language?</b>