



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	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:	
	MALE / FEMALE	Direction of Travel:	
		Location of Incident:	
If above information is unknown, please provide additional description information to help identify the incident:			

SECTION E: Other Comments

If you have additional comments, please provide them below

