ADA COMMENT FORM

SECTION1: TYPE OF COMMENT (Choose One)*				
Compliment___	Suggestion___	Compliant___	Other_____	ADA Related? Y / N
SECTION2: CONTACT INFORMATION				
Salutation [Mr./Mrs./Ms., etc.]:				
Name:				
Street Address:				
City, State, Zipcode:				
Phone:		Email:		
Accessible Format Requirements:	Large Print___	TDD/Relay___	Audio Recording___	Other_____
SECTION3: COMMENT DETAILS				
Date of Occurrence:		Time of Occurrence:		
Name of Employee or Others Involved:				
Vehicle ID/Route Name or Number:				
Direction of Travel:				
Location of Incident:				
Mobility Aid Used (if any):				
If above information is unknown, please provide other descriptive information to help identify the employee:				
Description of Incident or Message:				
SECTION IV: FOLLOW UP				
May we contact you if we need more details or information?			YES	NO
What is the best way to reach you? (Choose One)*		Phone	Email	Mail
If a phone call is preferred, what is the day and time to reach you?				
SECTION V: DESIRED RESPONSE (Choose One)*				
Telephone response____ Email Response____ Response by U.S. Postal Mail____				