Central Community Transit
Complaint Form

Date of Complaint: ___________________ Bus or Vol. Dr.: ___________________

Time of Complaint: _________________ Name of Driver ________________

Location of Incident/Complaint: ____________________________________________

Person(s) involved in Complaint:
Name: __________________________ Address: __________________________ Telephone Number: __________________
________________________________________________________________________
________________________________________________________________________

Full Description of Complaint: (include all pertinent information)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

CCT office fill out below
Name of CCT Employee filling this out: ________________________________

Was Social Worker notified (yes / no)  If yes answer below questions:
Name of Social Worker: ___________________________ Phone #: ______________
Date Social Worker was notified: _______________ Time Social Worker was notified: ______________

Full Description of Social Worker discussion:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature: ____________________________ Date: ________________