WESTERN COMMUNITY PUBLIC TRANSPORTATION

WARREN COUNTY | MERCER COUNTY | HENDERSON COUNTY

COMPLAINT FORM

COMPLAINT TYPE: _____ Formal _____ Informal

Date of Complaint: _____ Time of Complaint: _____

Name of Complainant: _____

Staff Members Name Complaint is Against: _____

Date and Time of Incident: _____

Nature of Complaint: _____

_____

_____

_____

_____

_____

_____

Complaint Taken by: _____

Investigation Results: _____

_____

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_____

Action Reccomended:_____

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_____

Record of Final Action:_____

_____

_____

_____

By: _____ Date: _____