



# City of Milton-Freewater

## Public Transportation Complaint Form

For Internal Use (check all that apply)

General     Equipment/Buses     Schedule     Service/Driver     Title VI     ADA

Date Received: \_\_\_\_\_ Date Responded: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

I wish to remain anonymous                       I'm filing a complaint on behalf of another passenger

Relationship to the passenger \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature of Complaint (please continue on back of this page if necessary):

---

---

---

---

---

---

---

---

Witnesses (if any):

\_\_\_\_\_

Name

\_\_\_\_\_

Phone

\_\_\_\_\_

Name

\_\_\_\_\_

Phone

\_\_\_\_\_

Name

\_\_\_\_\_

Phone

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Return to: City of Milton-Freewater Planning Department - 772 South Main PO Box 6, Milton-Freewater, OR 97862  
Alternative format and/or staff assistance available upon request.