

ADA / TITLE VI COMPLAINT FORM

Received by: Jane Doe Name of Contact: John Doe Phone # (---) -----

Type of Incident (crime, complaint) complaint Date of Report: 00/00/0000 Time of Report: 00:00 am/pm

Brief Description and Time of Incident Reported: Fill in all details on incident. If additional space is needed, please put on back of form

Space below to be filled out by CATbus staff

Problem Cited:

Disc. Title VI _____ ADA _____ Driver Error _____ Passenger Error _____ Schedule _____ Other _____

Bus # _____ Hard-drive # _____ Temporary Replacement Hard-drive # _____

Route: _____ Operator: _____ Date: _____ Time of Incident: _____

Operator Response:

Operator Signature: _____ Date: _____

Examiner Observations/Suggestions:

I understand that the concern identified above represents an apparent failure on my part to observe company policy on operating and safety procedures. Future problems of this nature will require the beginning of standard disciplinary procedures. For this particular situation, the next disciplinary step will be _____.

Location(s) of Recorded Footage: _____

Operator Signature: _____ Date: _____ Safety/Training Coord. Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____ Examiner Signature: _____ Date: _____

Transit Supervisor Signature: _____ Date: _____

Attachments: yes _____ no _____



Email completed form to clemson.cat.gt@gmail.com or mail/deliver to 200 West Lane, Clemson, SC 29631.