

CUSTOMER SERVICE FORM

Date: _____ Time: _____ Taken by: _____

TYPE

Complaint _____ Commendation _____ Suggestion _____

CONTACT INFORMATION

Customer Name: _____

Address: _____ City/State/Zip: _____

Phone No(s): _____

NATURE OF INCIDENT

<input type="checkbox"/> Driver Conduct/Attitude	<input type="checkbox"/> Careless Driving/Comfort
<input type="checkbox"/> Late/Tardy	<input type="checkbox"/> Early
<input type="checkbox"/> Disturbance on Bus	<input type="checkbox"/> Did Not Show
<input type="checkbox"/> Air Conditioning/Heating	<input type="checkbox"/> Vehicle Maintenance
<input type="checkbox"/> Telephone/Dispatch	<input type="checkbox"/> Other _____

Customer's Remarks:

INVESTIGATION

Investigated by: _____ Date: _____

Date Customer Contacted: _____ Contacted by: _____

Within Five (5) days of complaint? Y N

Record of Final Action:

Manager's Signature: _____ Date: _____

Sent to? _____ Date: _____