## MCPT COMPLAINT FORM

Complaint Type:l	Formal		I attar from passanger
			Letter from passenger Letter from non-passenger
			Phone call
Date Complaint Taken: _		_ Time Compla	int Taken:
Name of Complainant:			
Address:		Phone:	
Time / Date of Incident: _	/	Driver	r's Name:
Vehicle Number:	Route:	Operator: _	
Nature of Complaint:			
		(	Continue on back if necessary)
Complaint Taken By:			
Investigation Results:			
		(	Continue on back if necessary)
Action Recommended:			
		(	Continue on back if necessary)
Record of Final Action: _			
By:		Date:	
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Adopted: March 15, 2021