



ADA Transit Complaint Form



CUSTOMER REPORTING INCIDENT:

Name: _____

Address: _____

Email: _____ Phone: _____

ALLEGED OFFENDING INDIVIDUAL(S):

Date of Incident: _____ Bus #: _____ Route: _____

Time of Incident: _____ Name of Transit Employee/Contractor: _____

INCIDENT DESCRIPTION:

WHAT IS YOUR DESIRED OUTCOME?

VERIFICATION AND SIGNATURE:

In signing this complaint, I verify that, to the best of my knowledge, everything that I have stated in this form is true and accurate.

Signature of Customer: _____ Date: _____

MAIL, DELIVER OR EMAIL TO:

Winona, City Clerk Office, 3rd Floor, 207 Lafayette Street, Winona, MN 55987

Winona City Clerk Office, PO Box 378, Winona, MN 55987 | cityclerk@ci.winona.mn.us