



## 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, 3<sup>rd</sup> Floor, 207 Lafayette Street, Winona, MN 55987  
Winona City Clerk Office, PO Box 378, Winona, MN 55987 | [cityclerk@ci.winona.mn.us](mailto:cityclerk@ci.winona.mn.us)