



Transit Complaint Form



CUSTOMER REPORTING:

Name: _____
Address: _____
Email: _____ Phone: _____

DETAILS:

Date of Incident: _____ Bus#: _____ Route: _____
Time of Incident: _____ Name of Transit Employee/Contractor: _____

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