



Lebanon transit

COMPLAINT FORM

Received by: _____ Date Received: _____

Time of call/Office Visit: _____ AM/PM

Name: _____ Contact Info: _____

Date of Occurrence: _____ Location of Occurrence: _____

Vehicle Identification if applicable: _____

Complaint (please be specific and detailed): Add additional sheets if necessary

Signed: _____ Date: _____

Forwarded to Appropriate Supervisor/Manager (name): _____

Do not write below this line, this area for follow-up action only

Received By: _____ Date: _____

Action:

Forward Completed Resolution to Fixed Route Supervisor

Lebanon Transit
200 Willow Street
Lebanon, PA 17046
717.274.3664