Petersburg Area Transit
100 W. Washington St. Petersburg, VA
Phone: (804) 733-2413

CUSTOMER COMMENT • INCIDENT/COMPLAINT • SUGGESTION FORM

Personnel Only

Intake ID Number _____ Date: _____
Intake: _____ Time: _____ AM / PM
Call-In: ☐ Yes ☐ No Walk-In: ☐ Yes ☐ No

Customer Information:

Customer Name: _____ Phone Number: ( ) _____

Customer Address: _____ *optional*

Type of Submission: ☐ Comment ☐ Incident / Complaint ☐ Suggestion ☐ Compliment

Service Details:

Bus #: _____ **Route:** _____ **Date:** _____/___/_____ **Time:** ____/____AM / PM

Location: _____

Details:

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Incident Logged ☐ **Yes** ☐ **No** **Date:** _____/_____/_____
Scanned and emailed ☐ **Yes** ☐ **No** **Investigators Name:** _____

Manager/Supervisor- Follow Up: _____ Date: _____
Resolved ☐ **Yes** ☐ **No**