



CUSTOMER COMMENT RECORD

_____ SUGGESTION _____ COMPLIMENT _____ COMPLAINT _____ OTHER

_____ Service Hours _____ Early _____ Driving _____ Missed Stop

_____ Bus Conditions _____ Late Work _____ Bus Stops _____ Bus Signage

_____ Driver Conduct _____ Fares _____ Routes _____ ADA complaint (use ADA complaint form)

_____ Other Explain: _____

Date of Incident: _____ Time: _____ am__ pm__

Run# and/or Employee's Name: _____

Caller's Comment(s): _____

Caller's Name: _____

Caller's Mailing Address: _____

Caller's Phone Number: _____

Date: _____

Mail To:

Wahkiakum on the Move

Attn: Transportation Coordinator

42 Elochoman Valley Rd.

Cathlamet, WA 98612