



INCIDENT/COMPLAINT FORM

CUSTOMER INFORMATION

Date: _____

Customer Name: _____ Customer Phone Number: _____

Customer Address: _____ Employee(s) Involved: _____

COMPLAINT/INCIDENT DETAILS

Only complaints submitted in writing will be accepted. Please do not call the dispatch center. Complete the form and mail to the address listed below or fax to 507-534-9275 as soon as possible. All complaints/reports of incidents will be addressed internally within 48 hours of receipt.

Indicate your incident/complaint in the space provided below

MAIL INCIDENT/COMPLAINT FORM TO:

Three Rivers Community Action, Inc.
Attn: Transportation Director
51 E. 3rd St #205
Winona, MN 55987