

**THE LOOP - MORROW COUNTY PUBLIC TRANSPORTATION**

**COMPLAINT FORM**

Today's Date \_\_\_\_\_

Complainant Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Complaint (be specific) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of incident \_\_\_\_\_

Signature of complainant \_\_\_\_\_

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Date complaint received \_\_\_\_\_

Action taken to resolve complaint \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Date

MC-STF Program Coordinator