

PTM of Jackson, Inc.
Passenger Complaints – Commendations – Service Requests

Caller Name: _____

Caller Telephone #: _____

Date Received: _____

Route/Run: _____

Date of Incident: _____

Time of Incident: _____

Bus Number: _____

Direction/Location: _____

Motor Operator Name: _____

TYPE OF INCIDENT

Place a check in all the boxes that apply

FIXED ROUTE

- Passing by passenger(s)
- Wheelchair securement devices/ramp malfunction
- Discourteous operator
- 30-minutes delay receiving alternative transportation
- Operator failure to request alternative transportation
- Operator failure to secure rider/wheelchair in bus
- Operator failure to appear
- Inadequate service
- Running late/early
- Operating off the route
- Other _____

HANDILIFT

- Wheelchair lift
- Wheelchair securement devices
- Trip denials
- Late pickups
- Late drop-offs
- Excessively long trips
- Failure to provide origin-to-destination service
- Access telephone reservations
- Other _____

Please Print

- Additional Sheet (*attached to form*)

Statement

Passenger/Citizen Signature

Date

- Additional Sheet (*attached to form*)

Action Taken

Supervisor Signature

Date

Hard Copies: **White**-Office File **Blue**-Passenger/Customer **Yellow**-Employee/Driver

Mail From: PTM of Jackson, 1025 University Blvd., Jackson, MS 39207 – Questions: 601-960-0725