

Fairfield County Transit Title VI Complaint Form

| SECTION I: TYPE OF COMMENT (Choose One)* | | | | |
|--|----------------|--------------|---------------------|--------------------|
| Compliment___ | Suggestion___ | Complaint___ | Other:_____ | ADA Related? Y / N |
| SECTION II: CONTACT INFORMATION | | | | |
| Salutation [Mr./Mrs./Ms., etc.]: | | | | |
| Name: | | | | |
| Rider ID (if applicable): | | | | |
| Street Address: | | | | |
| City, State, Zip code: | | | | |
| Phone: | | | Email: | |
| Accessible Format Requirements: | Large Print___ | TDD/Relay___ | Audio Recording___ | Other_____ |
| SECTION III: COMMENT DETAILS | | | | |
| Transit Service (Choose One) [as applicable] [Bus/Subway/Paratransit]* | | | | |
| Date of Occurrence: | | | Time of Occurrence: | |
| Name/ID of Employee(s) or Others Involved: | | | | |
| Vehicle ID/Route Name or Number: | | | | |
| Direction of Travel: | | | | |
| Location of Incident: | | | | |
| Mobility Aid Used (if any): | | | | |
| If above information is unknown, please provide other descriptive information to help identify the employee: | | | | |
| Description of Incident or Message [Text box on web form for narrative]: | | | | |
| SECTION IV: FOLLOW UP | | | | |
| May we contact you if we need more details or information? | | | Yes | No |
| What is the best way to reach you? (Choose One)* | | Phone | Email | Mail |
| If a phone call is preferred, what is the best day and time to reach you? | | | | |
| SECTION V: DESIRED RESPONSE (Choose One)* | | | | |
| -Email response -Telephone response -Response by U.S. Postal Mail | | | | |

Please submit this form to:

Fairfield County Transit

Aaron Kennedy

746 Lawrence St Lancaster Ohio, 43130

740-681-5086

aaron.kennedy@fairfieldcountyohio.gov