



Rider Commendation/Complaint Form

Date: _____

Time: _____

Staff receiving commendation/complaint: _____

Person filing commendation/complaint: _____

Phone: _____

E-mail Address: _____

Date of incident: _____

Time of incident: _____

Incident description: _____

Bus #: _____

Driver Name: _____

Driver description of incident: _____

Action: _____

Form can be:

Emailed to info@southlanetransit.com

Dropped off OR mailed to: 1450 Birch Ave, Cottage Grove, OR, 97424