



Complaint Form

Please Print

Name: _____ Phone: _____

Address: _____ City _____ State ____ Zip _____

Date of Incident: ____/____/____ Time: ____:____ AM/PM

Witness Name: _____ Employee Involved: _____

Nature of the complaint: Please specify all details:

Use additional paper if necessary. Return completed form to Oneida Public Transit immediately for review.

Signature: _____ **Date** ____/____/____