Date Received: _____ Time Received: _____ Received by: _____

COAST Customer Input Form

CONTACT INFORMATION

(1) Name: _____

(2) Address: _____

(3) Phone Number: _____

DETAILS: **Circle:** *Incident* *Commendation* *Suggestion*

(4) Date: _____ (5) Time: _____

(6) Location: _____

(7) Bus Route #: _____ (8) Bus/Trolley #: _____

(9) Driver Name or Badge ID# (if known): _____

(10) Weather Conditions: _____ (11) Traffic Conditions: _____

(12) Driver Demeanor: _____

(13) Full description of situation: _____

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See Back for more Questions ►

Description con't …

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(14) If involved in an accident, were they asked if they were all right and to fill out witness cards?

_____

_____

<u>If above is complete to the fullest extent possible, forward to the Supervisor/Manager of Operations</u>

(15) Action required: _____

_____

_____

_____

_____

(16) Action taken: _____

_____

_____

_____

Supervisor Signature: _____ (sign when situation is resolved)