

CUSTOMER COMPLAINT

REGISTRATION FORM

<u>SECTION I</u>						
Name			Date			
Address		City	State	Zip		
Phone (Home)	(Cell)		(Work)			
Email:						
Accessible Format Requirements? Large Print Audio TapeTDD Other						
<u>SECTION II</u>						
Are you filing this complaint on your own behalf? Yes No						
[If you answered "yes" to this	question, go to Section I	II.]				
If not, please supply the name and relationship of the person for whom you are complaining:						
Please explain why you have f	led for a third party					
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.						
Yes No						

SECTION II

	bus number, route, driver description, etc. Please be assured you will not be shared with the employee.		
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The aforementioned complaint is documented a	and detailed to the best of my ability and recollection. I attest		
the information presented is truthful and accura	ite.		
Signature	Date		
Please mail your completed form to:	FOR OFFICE USE ONLY		
Shoreline Metro	Date Complaint Received:		

Shoreline Metro Attn: Complaint Resolution 608 S. Commerce Street Sheboygan, WI 53081

Or Email (subject: Complaint Resolution)

Contact@shorelinemetro.com

FOR OFFICE USE ONLY						
Date Complaint Received:						
Complaint Reviewed:	Yes	No				
Copy Submitted to Director:		Yes	No			
Customer Contacted:	Yes	No	Date:			
Complaint Resolved:	Yes	No				