

PASSENGER INFORMATION

Date _____ Time of pick up: _____

Passenger Name: _____

Address: _____

Telephone: _____

Card number _____

Date of Report:

- _____ Complaint
- _____ Comment / Suggestion
- _____ Lost Item
- _____ Other

Complaint / Comment:

Report Information:

Report received by: _____

Date report was submitted: _____

TO BE FILLED OUT BY TRANSIT SERVICES STAFF

ACTION TAKEN:

Follow-up Date:

**Please forward to Transit Office, 9520 Hildreth Ave, South Gate, 90280
323-563-5754**