



City of Madera Transit System
Customer Complaint Form

The City of Madera is committed to ensuring that no person is excluded from participating in or denied the benefits of its services on the basis of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964, as amended.

The following information is necessary to assist us in processing your complaint. If you require any assistance in completing this form, please contact the Title VI Compliance Coordinator (Transit – Program Manager) at 559-661-3693. The completed form must be returned to the City of Madera, Title VI Compliance Coordinator, Grants Department, 205 West Fourth Street, Madera, Ca 93637

Customer Name:	Date and Time of Incident:
Customer Phone Number:	Driver Names or Description (If applicable):
Customer Address:	Bus Number/Route:

Please describe the alleged incident. Explain what happened and whom you believe is responsible. If additional space is needed, please include separate attachment.

Customer Statement:

Have you filed this complaint with any other federal, state or local agency (Check One)? ___ Yes ___ No

If yes, list agency and contact information below:

Agency:	Street Address:
Phone:	Contact Name:

Title VI Compliance Coordinator Investigation Notes:

Compliance Response to Customer:

To be completed by Compliance Coordinator

Classification:

- Complaint – General
- Complaint – ADA
- Complaint – Title VI
- Compliment
- Other

Validity:

- Valid
- Invalid
- Inconclusive

Classification:

- Driver Attitude
- Driver Conduct
- Driver Safety
- Running Late/Early
- Bus Didn't Show Up

- Dispatcher Attitude
- Bus Maint. Issue
- Bus Stop Issue
- Policy Issue
- Other

Compliance Coordinator Name (Print): _____

(Signature): _____

(Date): _____