THE BUS

Transit Joint Powers Authority for Merced County

Comment/Complaint Form

Date: _____

Name: _____ Call Back Number: _____

Nature of Call: (Incident/Complaint/Kudos)

Date of Incident/Complaint: _____ Time of Incident/Complaint: _____

Location of Incident/Complaint: _____

Bus Number: _____ Route: _____ Driver: _____

Description of Incident/Complaint:

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