City of Pine Bluff Transit

RIDER COMPLAINT FORM

Complaint taken in person ☐ by phone ☐ *Taken by:* _____

Service type: Fixed Route ☐ *Route involved:* _____ Paratransit ☐

Complainant: _____

Person preparing complaint (if different from above): _____

Relationship to Complainant: _____

Address: _____

Phone: _____ Email: N/A

Date/Time of Incident: _____ Location: _____

PBT Employee Involved: _____

Provide a complete description of the incident which occurred. Be very specific.

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Management's findings & comments: _____

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Sign/date: _____