

# EPTA GENERAL COMPLAINT FORM

|  |                          |
|--|--------------------------|
| Date:  | Time of Incident:        |
| Type of Complaint: <input type="radio"/> ADA <input type="radio"/> Civil Rights <input type="radio"/> Driver <input type="radio"/> General                                   |                          |
| Bus or Route #   |                          |
| Name of Complainant:   | Address:                 |
| Home Phone:  | Cell Phone:              |
| Email address:   |                          |
| Brief Description of Incident:   |                          |
|  |                          |
|  |                          |
|  |                          |
| Injury or Damage Involved: <input type="radio"/> Yes <input type="radio"/> No  |                          |
| Describe Injury or Damage:   |                          |
|  |                          |
| Police / EMS Contacted: <input type="radio"/> Yes <input type="radio"/> No   |                          |
| Witnesses:   |                          |
| Contact Information:   |                          |
| <b>Please submit complaint by:</b><br>Emailing: <a href="mailto:info@eptawv.com">info@eptawv.com</a> , Fax: 304.264.9253 or Mail: EPTA, 446 Novak Drive Martinsburg WV 25405 |                          |
| <b>To be completed by EPTA</b>   |                          |
| Date Received:   | Date of Incident Review: |
| Comments:  |                          |
|  |                          |
| Date of Resolution:  |                          |



446 Novak Drive, Martinsburg WV 25405  
 Phone: 304.263.0876 Fax: 304.264.9253