

# Wilmington Transit System

TYPE OF COMMENT (Choose One)*				
Compliment ___	Suggestion ___	Complaint ___	Other: _____	ADA Related? Y / N
CONTACT INFORMATION				
Salutation [Mr./Mrs./Ms., etc.]:				
Name:				
Rider ID (if applicable):				
Street Address:				
City, State, Zip code:				
Phone:			Email:	
Accessible Format Requirements:	Large Print	TDD/Relay	Audio Recording	Other
COMMENT DETAILS				
Transit Service (Choose One) [as applicable] [Bus/Subway/Para transit]*				
Date of Occurrence:			Time of Occurrence:	
Name/ID of Employee(s) or Others Involved:				
Vehicle ID/Route Name or Number:				
Direction of Travel:				
Location of Incident:				
Mobility Aid Used (if any):				
If above information is unknown, please provide other descriptive information to help identify the employee:				
Description of Incident or Message [Text box on web form for narrative]:				
FOLLOW-UP				
May we contact you if we need more details or information?			Yes	No
What is the best way to reach you? (Choose One)*	Phone	Email	Mail	
If a phone call is preferred, what is the best day and time to reach you?				
DESIRED RESPONSE (Choose One)*				
<ul style="list-style-type: none"> <li>- Email response</li> <li>- Telephone response</li> <li>- Response by U.S. Postal Mail</li> </ul>				

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