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)*
- Email response
- Telephone response
- Response by U.S. Postal Mail

Director - Tony Morris
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