

City of Anderson Transit System  
530 Dale Keith Jones Road  
Anderson, Indiana 46011  
(765) 648-6400  
**ADA**  
Citizen Complaint Form

Today's Date: \_\_\_\_\_ Your Name: \_\_\_\_\_

Date Incident Happened: \_\_\_\_\_ Time Incident Happened: \_\_\_\_\_

Name of Person Reporting the Incident: \_\_\_\_\_

Drivers Name (if known): \_\_\_\_\_

Vehicle Number (if known): \_\_\_\_\_

Where Incident Happened: *(be specific; what route, bus number, location, etc...)*

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What Happened: *(be specific; speeding, rude, unsafe driving, etc...)*

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**Supervisor's Use Only**

***Date Received:*** \_\_\_\_\_

***Driver:*** \_\_\_\_\_ ***Vehicle Number:*** \_\_\_\_\_