



- Walk-in
- Telephone
- Email
- Other: _____

Incident #: _____

Williamsburg Area Transit Authority

Date: _____

Customer Feedback

Customer Name: _____

Customer Contact Info: _____

(Address, Email, or Phone)

Follow-up Requested by Customer? Yes No

Preferred Follow-up Method: _____

- Types of Issue:
- Route/Location Suggestion
 - Individual Driver Comment
 - Delay/Late
 - Early
 - No Show
 - Did Not Stop
 - Pass/Sales Issue
 - General Info
 - Safety Concern

Service: Fixed Trolley ADA Surry

Route: Blue Orange Grey Tan
 Red Green Purple 1 Purple 2

Incident Date: _____ Incident Time: _____

Customer Notes:

Received By: _____

Referred To: _____