For Office Use Only

Incident #: _____

Date: _____

WATA

Williamsburg Area Transit Authority

Customer Feedback

☐ Walk-in

☐ Telephone

☐ Email

☐ Other: _____

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 ☐ Did Not Stop

☐ Individual Driver Comment ☐ Pass/Sales Issue

☐ Delay/Late ☐ General Info

☐ Early ☐ Safety Concern

☐ No Show ☐ ADA/Disabilities

Service: ☐ Fixed Route ☐ Paratransit

Incident Date: _____ Incident Time: _____

Customer Notes:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Received By: **For Office Use Only** _____

Referred To: **For Office Use Only** _____