



**Department of Human Services
Office of Facilities and Support Services, Transportation Services
Section Complaint Form**

Name of Complainant: _____

Address: _____

City, State & Zip: _____

Telephone Number: _____

Name of Human Service Provider: _____

Name of Passenger: _____

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

**Incident Reported to Whom and
When:** _____

**Have there been previous
incidents?** _____

Describe nature of Complaint:

Date: _____

Signature: _____