

CITY OF BENSON - BENSON AREA TRANSIT
COMPLAINT FORM

Complaint/Incident No. _____

Complainant

Name _____ Today's Date _____
Home Address _____
Home Phone _____ Cell Phone _____

Driver/Employee Involved

Name _____ Bus Number _____

Complaint/Incident

Nature of complaint _____
Date/Time _____
Locatation of incident _____
Details of complaint/incident _____

Accepted by (COB staff) _____ Date _____

PLEASE RETURN THIS TO THE FINANCE OFFICE
120 W. 6TH STREET BENSON, AZ 85602
PHONE 520-720-6315 FAX 520-586-0630
EMAIL: lbotts@benсонaz.gov

Employee Acknowledgment

I have read the allegations and discussed the contents with my Supervisor. My signature means that I have been advised of the allegations and does not necessarily imply that I agree with the allegations.

Employee Signature / Date

Supervisor Signature / Date