

**Victoria Transit/RTransit
GOLDEN CRESCENT REGIONAL PLANNING COMMISSION**

CLIENT COMPLAINT/GRIEVANCE FORM

Date/Time Received: _____	Received By: _____
Name: _____	
Address: _____	
Phone #: _____	
Please Indicate Nature of Complaint/Grievance: Services () Driver () Dispatcher () Vehicle () Other () _____	
Complaint Resolved () Yes () No Referred To: _____	
Complaint Referral Information: Date of Contact: _____ Resolution Information: _____ _____ _____	
Reviewed By: _____ Operations Manager	_____ Date