



COMMUNITYTRANSIT
TRANSPORTATION FOR EVERYONE

Customer Complaint Form

Name: _____ Date of Complaint: _____

Telephone Number: _____

Nature of Complaint: _____

Was there a Bus number involved? License Plate? _____

Driver? _____

Please tell us what happened: _____

Please return the completed form to our primary office at:
205 First Avenue NE; Watertown, SD 57201

We will address this as soon as we can and one of the Co-Executive Directors will call you back with his/her findings.