

# ADA / TITLE VI COMPLAINT FORM

Received by: Jane Doe Name of Contact: John Doe Phone # (---) -----

Type of Incident (crime, complaint) complaint Date of Report: 00/00/0000 Time of Report: 00:00 am/pm

Brief Description and Time of Incident Reported: Fill in all details on incident. If additional space is needed, please put on back of form

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*Space below to be filled out by CATbus staff*

Problem Cited:

Disc. Title VI \_\_\_\_\_ ADA \_\_\_\_\_ Driver Error \_\_\_\_\_ Passenger Error \_\_\_\_\_ Schedule \_\_\_\_\_ Other \_\_\_\_\_

Bus # \_\_\_\_\_ Hard-drive # \_\_\_\_\_ Temporary Replacement Hard-drive # \_\_\_\_\_

Route: \_\_\_\_\_ Operator: \_\_\_\_\_ Date: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Operator Response:

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Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner Observations/Suggestions:

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I understand that the concern identified above represents an apparent failure on my part to observe company policy on operating and safety procedures. Future problems of this nature will require the beginning of standard disciplinary procedures. For this particular situation, the next disciplinary step will be \_\_\_\_\_.

Location(s) of Recorded Footage: \_\_\_\_\_

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Safety/Training Coord. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Examiner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Transit Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attachments: yes \_\_\_\_\_ no \_\_\_\_\_



Email completed form to [clemson.cat.gt@gmail.com](mailto:clemson.cat.gt@gmail.com) or mail/deliver to 200 West Lane, Clemson, SC 29631.