

ADA COMPLIMENT, COMPLAINT AND SUGGESTION FORM

Name_____

Phone Number_____

Address_____

Date of service_____

Please select one of the following

Compliment

Complaint

Suggestion

In the space below please provide a description of the event. Please provide as much detail, including the names of all parties and places involved.

- Mail the completed form to:
Attention: Para-Transit Operations Supervisor
Clarksville Transit System 430 Boillin Lane Clarksville, TN 37040
- Provide information over the phone at 931-553-2430
- Email completed form to businfo@cityofclarksville.com

For office use only

Investigated within 24hrs.

If not, why? _____
