ADA COMPLIMENT, COMPLAINT AND SUGGESTION FORM

Name_____

Phone Number_____

Address_____

_____

Please select one of the following

Compliment ☐

Complaint ☐

Suggestion ☐

Date of service_____

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.

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- 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? _____

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