Watertown Area Transit

COMPLAINT FORM

GENERAL_____ ADA_____

Name:_____Date of complaint:_____

Address:_____

Telephone Number:_____

Nature of complaint:_____

Was there a Bus number involved? License plate?_____

Driver?_____

Please tell us what happened:_____

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Signature of complainant (or representative):_____

We will address this as soon as we can and the director will call you back with his findings.