MATBUS
COMPLAINT/COMMENT FORM

Required Information

Date of Incident: _____ Time of Incident: _____ Route Number: and / or Bus Number: [ ]

Location of Incident: _____

Without the above information MATBUS will not be able to investigate this complaint

Driver Name: *if known* _____

Your Information:

Your Name: _____

AND Phone Number: _____

Or Email Address: _____

Reply: YES / NO

Description of Incident _____

_____

_____

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Dispatcher verification of receipt

Received By: _____ Date Received: _____

Return Form To:

MATBUS, Ground Transportation Center, 502 N.P. Avenue, Fargo, ND 58102