



Rider Comment Form

1. Today's Date: _____

2. Type of Comment (please circle):

Compliment Complaint Suggestion Other

3. Date and Time of Incident: _____

4. **Driver/Employee Name** (or Description) **or Vehicle Number** (or Description):

5. Please describe your comment in detail.

6. Your Name: _____
Address: _____
Daytime Phone Number: _____

7. Would you like a reply from us (please circle)? **YES** **NO**

Thank you for taking the time to complete this form!

Email form to: mhinrichs@thekac.com

OR mail form to:

KAC Transportation Director, 1218 – 79th Street, Kenosha WI 53143

OFFICE USE ONLY

Date Received (or taken) _____

Staff person _____

Immediate action taken

Summary of Research/Investigation

Unusual Circumstances/Factors

Referred to:

Name _____ Date _____

Date of Response to Commentor: _____

Method of Response Phone Letter Other

Final Action Taken

By (Name) _____ Date _____