

TOWN OF NATICK
NEIGHBORHOOD BUS AND THE VAN
COMPLAINT FORM

Name _____ Tel.# _____

Address _____ Apt. # _____

City _____ Zip Code _____

Incident: Time _____ Month _____ Day _____ Year _____ Van No. _____

COMPLAINT TYPE NO. _____

- | | |
|-----------------------------------|---------------------------|
| 1) Difficulty In Getting A Ride | 6) Dispatcher Problem |
| 2) Condition of Ride | 7) Problem with Telephone |
| 3) Comfort of Ride | 8) Problem with Driver |
| 4) Promptness of Pick-up/Drop-off | 9) Other _____ |
| 5) Scheduling Problem | |

Complaint/Comment: (use reverse side if necessary):

The complaint will be heard by the Neighborhood Bus Coordinator. A written response will be sent to the complainant within thirty (30) days after the Coordinator has heard the complaint.

Please fill in completely and return to:

Natick Neighborhood Bus
13 East Central Street
Natick, MA 01760