

Wave Transit Complaint Form

Information About You (must be completed to process complaint):

Name

Address

City State Zip Code

Phone Number Email (required)

Information About Your Complaint:

Date of Incident Day Year Time

Drop-down List Route

Driver Involved Driver Name Location of Incident

Comments (please be as specific as possible):

Please provide as much information as possible as this will assist us in processing this complaint. Wave Transit will attempt to resolve all complaints within twenty-one (21) business days. After the investigation into a complaint has been conducted and resolved, you will be able to be notified of the outcome if you choose. Thank you for assisting Wave Transit in providing quality service.

Would you like to receive notification of the outcome of this complaint

if you answered yes, please choose notification method

Complaint Number _____