



COMPLAINT FORM

Complaint No. _____

The Detroit Transportation Corporation is committed to customer satisfaction, and accordingly encourages riders to communicate their concerns. It is therefore necessary to establish a customer complaint system for investigating customer concerns and settlement of customer problems as quickly as possible.

For more information or to file a complaint, please contact Parnell Williams, Manager, Human Resources Division,
Detroit Transportation Corporation, Phone: (313) 224-2160 /Fax: (313) 224-2134 Hours: 9:00 a.m. – 5:00 p.m.

Name of Complainant (Please Print): _____

Home Number: _____ Work/Cell: _____

Address: _____ City, State _____ Zip _____

Type of Complaint (Please check all that apply):

Customer Complaint [] Loss of Fare/Personal Possession []

Other [] _____

Date of Incident: _____ Time Occurred: _____ Location of Incident _____

Name / Position / Title of the person causing the incident / discrimination

Description of Complaint or Incident (use a separate sheet if necessary):

Did someone else witness this incident? Yes [] No []

1. Name _____ Phone Number _____

2. Name _____ Phone Number _____

Person Receiving Complaint (please print):

Date: _____ Time Call Was Received: _____

Actions Taken / Staff Involved (Please attach any supporting documentation): _____

_____ Inquiry Close Date: _____

I affirm that I have provided this statement and it is true to the best of my knowledge, information and belief.

Complainant's Signature / Date