# ClasTran
# Customer Follow-Up Form

PART I:

Date: _____ Reported by: _____

Name of Rider: _____ Guardian: _____ Guardian's Telephone #: _____

Date and Time of Incident: _____ Driver Name: _____ Route or Bus #: _____

Complainant: _____ Complainant Telephone #: _____

PART II: Describe the incident:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

List witnesses:

_____ _____ _____

_____ _____ _____

PART III:

ClasTran Representative: _____ Received on: _____ Time: _____

PART IV - A:

Vendor Involved: _____ Complaint Forwarded On: _____

Response Date: _____ Vendor Representative: _____

PART IV – B: Investigation of Incident

| Date/Time | Follow-Up Action |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Operations Manager/Supervisor: _____ Reviewed on: _____