B.G. TRANSIT

Complaint Report

Passenger Information

Name: _____ Date: _____

Address: _____ Phone: _____

Driver Information

Name: _____

Description of Driver: _____

Please write a short narrative of the events that took place. (Be sure to use as much detail as possible including location, date, time of day, and nature of the event. Use reverse side if more space is needed.)

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Signature of complainant _____ Date: _____

**Complaints may be mailed to the following address:

Grants Administrator
City of Bowling Green
304 North Church Street
Bowling Green, Ohio 43402

**You may also fax this form to: (419)354-4763 OR Email it to: bggrants@bgohio.org

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FOR OFFICE USE ONLY

Received by _____ Date: _____

7/10/2007