



City of Galveston

ADA PARATRANSIT COMPLAINT FORM

NAME: _____ PHONE: _____ DATE: _____

ADDRESS: _____

LOCATION: _____

TIME: _____ DATE: _____

DRIVER: _____ VEHICLE #: _____

NATURE OF COMPLAINT

Complainant signature: _____

For office use:

Received Date: _____ Received By: _____ Response Date: _____