



## Fresno Area Express Inquiry/Complaint Form

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### Complainant Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

### Incident Information

Incident Date: \_\_\_\_\_

Incident Time: \_\_\_\_\_

Route/CR Number: \_\_\_\_\_

Bus Number: \_\_\_\_\_

Direction (NB, SB, EB, WB): \_\_\_\_\_

Location: \_\_\_\_\_

Bus Driver Description: \_\_\_\_\_

### Inquiry/Complaint

\_\_\_\_\_  
Signature of Complainant - Date

**Return to: Fresno Area Express, Customer Relations, 2223 G Street, Fresno, CA 93706**

<b>Internal Use</b>			
<b>Initial Review</b>			Supervisor
<b>Supervisor</b>	Out	Return	Bus Operator

