



Fresno Area Express Inquiry/Complaint Form

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

Internal Use			
Initial Review		Supervisor	
Supervisor	Out	Return	Bus Operator



Driver Response

Signature of Bus Operator - Date

Counseling Comments

Signature of Supervisor - Date

The bus operator's signature is not an admission of guilt. It is an acknowledgment that the inquiry/complaint has been discussed with them.

Reviewed by Operations Manager: _____ Date _____

☐ File

☐ Personnel File