

**GUAM REGIONAL TRANSIT AUTHORITY . CONSUMER COMPLAINT FORM**

DATE & TIME: \_\_\_\_\_ CONTROL NO. \_\_\_\_\_

All Complaints must be in writing and submitted to the General Manager – Guam Regional Transit Authority; P.O. Box 2896 Hagatna Guam 96932.

All Complaints should include the name and address of the person filing the complaint and be specific as to the exact date, time, place and details with complete description as well as any witness.

**PLEASE COMPLETE PARTS I, II and III**

**PART I . Complainant Information**

Name & Mailing address and contact no.
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**PART II . Nature of Complaint -**


**PART III . Operational Information**

Date & time of Incident:	Vehicle Lic.# & Route:
Service Component:    GRTA ADMIN <input type="checkbox"/>	Driver's Name:
Paratransit <input type="checkbox"/> Fixed Route <input type="checkbox"/>	

**FOR OFFICIAL USE ONLY                      PART IV Findings and Course of Action Taken**

Findings	Course of Action Taken

Name of Person Taking complaint:	Date & Time Reported to Contractor and Acknowledgement:
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**PART V . Status**

Complaint Resolved [ ]	Complaint Forwarded to Guam Regional Transit Authority System Grievance Review & Appeals Committee [ ]
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