

GUAM REGIONAL TRANSIT AUTHORITY CONSUMER COMPLAINT FORM

DATES 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.

PART II. Nature of Complaint •

PART III Operational Information

Date & time of Incident:

Service Component: GRTA ADMIN ☐

Paratransit ☐ Fixed Route ☐

Vehicle Lic# & Route

Driver's Name:

FOR OFFICIAL USE ONLY

PART IV

Findings and Couse of Action Taken

Findings

Course of Action Taken

Name of Person Taking Complaint:

Date & Time Reported to Contractor and
Acknowledgement:

PART V. Status

Complaint Resolved ☐

Complaint Forwarded to Guam Regional
Transit Authority System Grievance Review & Appeals Committee ☐

FY2013