

**GUAM REGIONAL TRANSIT AUTHORITY CONSUMER  
COMPLAINT FORM**



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

**(GRTA OFFICIAL # ONLY)**

All Complaints may be filed by email, written or telephone call.  
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. Should you need additional information you may contact us at 475-4686 or email us at ride@grta.guam.gov.

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

**PART I - Complainant Information**

Name, Mailing Address & Contact No.

**PART II - Nature of Complaint**

**PART III - Operational Information**

Date & Time of Incident:

Vehicle License # & Route:

Service Component: GRTA ADMIN  
Paratransit [ ] Fixed Route [ ]

Driver's Name:

**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:

**PART V - Status**

Complaint Resolved [ ]

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