



CONSUMER COMPLAINT FORM

FOR OFFICIAL USE ONLY

GRTA Control No. _____
Date Received: _____
Received via () Phone Call () Email () Verbal discussion
() Other _____
Date Closed: _____
() Resolved – Letter provided
() Appeal Submitted

All Complaints may be filed by email, written or telephone call. Individuals shall accomplish the form to the best of their knowledge and abilities. Should you need additional information, please contact GRTA at 671-475-4686, 647-7433, by e-mail at ride@grta.guam.gov, or mail to P.O Box 2896, Hagatna, Guam 96932.

DATE & TIME: _____ GRTA CONTROL NO: _____

Service Component – Paratransit () Fixed Route ()

1. Name (Complainant): _____

2. Phone: _____

3. Home Address (Street #, City, State, Zip Code): _____

4. Driver's Name: _____

5. Vehicle License# & Route: _____

6. If applicable, the name of the person(s) your complaint is against: _____

7. Date of the Incident: _____ Time of Incident: _____

8. Complaint based on: Disability: () Driver () Dispatcher () Rider () Route () Vehicle ()

9. Briefly explain what happened and how you feel you were discriminated against. Please include how you feel that others were treated differently than you.

10. Why do you believe these events occurred?

11. Is there any other information that you feel may be relevant to this investigation?

12. How can these issues be resolved to your satisfaction? What type of resolution are you seeking?

13. Please list any person(s) who we can contact for additional information or to support/clarify your complaint:

Name: _____ Phone Number: _____

Address: _____

Name of Person Taking the Complaint: _____

Findings: _____

Course of Action Taken: _____

Complaint Resolved: _____

Complaint Forwarded to Guam Regional Transit Authority System Grievance Review & Appeals Committee: ()
Resolution letters prepared and routed to complainant and copy to file. ()