COMPLAINT FORM
# Complaint Form

**Arvin Transit Department**  
165 Plumtree Drive, Arvin, CA 93203  
Phone: (661) 854-3139 Fax: (661) 854-0847  
[www.arvin.org/government/transportation](http://www.arvin.org/government/transportation)

<table>
<thead>
<tr>
<th>File Number:</th>
<th>Date Received:</th>
<th>Time Received:</th>
<th>Received By:</th>
</tr>
</thead>
</table>

## Customer Information Optional

- Name: ______________________  
  Home: ______________________  
  Cell: ______________________

- Address: ______________________  
  Business: ______________________  
  Fax: ______________________

- Fax: ______________________  
  Email Address: ______________________

## Concern/ Complaint

- Date of Incident: ______________________  
  Route: ______________________

- Time: ______________________ AM / PM  
  Driver: ______________________

- Location: ____________________________________

## Details of Incident:


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## Recommended Action:


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## Advised City Hall? If Yes to whom?


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## Follow up: