

St. Bernard Transit Complaint Form



Type of Complaint (Please Circle): Title VI ADA General

Date of Incident: _____ Time of Incident: _____

Driver Involved (If Unknown, Description): _____

Did the Driver Refuse to Identify Herself/Himself? _____

Description of Complaint: _____

(To be completed by Transit Department)

Date Received by Transit Management: _____

Response by Transit Management: _____

Please mail this completed form to St. Bernard Transit 8201 W. Judge Perez Drive Chalmette, LA 70043. You may also print it out and email it as an attachment to crandazzo@sbpg.net. Call 504-277-1907 for more information.