

# 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@sbgg.net](mailto:crandazzo@sbgg.net). Call 504-277-1907 for more information.