

## TRANSIT COMMENT FORM

The City of Manteca is committed to providing you with safe and reliable transportation services and we want your feedback. Please use this form for suggestions, compliments, and complaints. You may also call us at (209) 456-8775, visit our Customer Service at the Manteca Transit Center, 220 Moffat Boulevard, Manteca, CA or contact us by email or U.S. Mail at the addresses below. Please be sure to provide us with your contact information in order to receive a response.

Transit Supervisor  
 City of Manteca, Public Works Department, Transit Division  
 220 Moffat Boulevard  
 Manteca, CA 95336  
 e-mail: [transitadmin@ci.manteca.ca.us](mailto:transitadmin@ci.manteca.ca.us)

### SECTION I: TYPE OF COMMENT (Choose One)

|                  |                  |                 |              |                    |
|------------------|------------------|-----------------|--------------|--------------------|
| Compliment _____ | Suggestion _____ | Complaint _____ | Other: _____ | ADA Related? Y / N |
|------------------|------------------|-----------------|--------------|--------------------|

### SECTION II: CONTACT INFORMATION

|                                 |                  |                |                      |             |
|---------------------------------|------------------|----------------|----------------------|-------------|
| Name:                           |                  |                |                      |             |
| Physical Address:               |                  |                |                      |             |
| Primary Phone:                  |                  |                | Email:               |             |
| Accessible Format Requirements: | Large Print ____ | TDD/Relay ____ | Audio Recording ____ | Other _____ |

### SECTION III: COMMENT DETAILS

|   |                  |                              |                          |             |
|---|------------------|------------------------------|--------------------------|-------------|
| Transit Service (Choose One) :  | Fixed Route ____ | ADA/DAR ____                 | Transit Staff ____       | Other _____ |
| Date and Time of Occurrence:  |                  | Mobility Aide Used (if any): | Route Number/Vehicle ID: |             |
| Name/ID of Employee(s) or Others Involved:  |                  |                              |                          |             |
| Location of Incident/Direction of Travel:   |                  |                              |                          |             |
| If any of above information is unknown, please provide other descriptive information: |                  |                              |                          |             |
| Description of Incident:  |                  |                              |                          |             |

### SECTION IV: FOLLOW UP

|  |  |
|--|--|
| May we contact you if we need more information? Yes ____ No ____ | What is the best way to reach you? Phone ____ Email ____ Mail ____ |
|--|--|

### SECTION V: DESIRED METHOD OF RESPONSE FROM CITY OF MANTECA (Choose One)

|                     |                         |                            |             |
|---------------------|-------------------------|----------------------------|-------------|
| Email response ____ | Telephone response ____ | Response by U.S. Mail ____ | Other _____ |
|---------------------|-------------------------|----------------------------|-------------|