



# Rainy River District Transportation Services Consortium

## COMPLAINT FORM- F07

<b>Who:</b> (information on person placing the complaint)	
<b>Phone #</b>	<b>Date Received:</b>
<b>What:</b> (details of events that took place)	
Written report received from complainant:	Yes <input type="checkbox"/> No <input type="checkbox"/> Requested <input type="checkbox"/>
<b>When:</b> (date and time of incident)	
<b>Where:</b> (location where incident took place)	
<b>You Said:</b> (information given to person placing complaint; use verbatim)	
<b>Action:</b> (in response to complaint)	
Name of person who took complaint:	