

**COMPLAINT INITIATION FORM**

Today's Date  Your Name

Street/City/Zip Code

Home Phone  Cell Phone

Email Address  Complaint Date and Time

Subcontractor (Please select one)

- |                           |                           |
|---------------------------|---------------------------|
| Bux-Mont Transportation   | Norristown Transportation |
| Main Line Transit         | Tri County Transit        |
| Mid County Transportation | Valley Transit            |

Employee Name

Vehicle Number

Complaint Description

**Submit to:**

**Suburban Transit Network, Inc. 980  
Harvest Drive, Suite 100  
Blue Bell, PA 19422**

**Attn: Risk Management Department  
Fax: 215-542-8877  
Email: [ride@suburbantransit.org](mailto:ride@suburbantransit.org)**