



COMMUNITY CONNECTOR

CITY OF BANGOR

Return Completed forms to the attention of the Community Connector's Operations Officer via drop off or by regular mail to 475 Main Ave., Bangor, Maine 04401.

ADA (Complimentary Paratransit) Complaint Form
&
Fixed Route (Bus) Complaint Form

1. Complaint Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Primary): _____ Secondary: _____

Email: _____

2. Incident Information

Name of the person(s) who this complaint is being written about, if known:

Date of the incident: _____ Type of incident: _____

Location of incident: _____



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Explain what happened: _____

3. Person(s) we may contact for additional information to support or clarify your allegations, if applicable

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Primary): _____ Secondary: _____

Email: _____

4. What other information do you have that is relevant to an investigation of this complaint, if applicable?



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5. How can the issue(s) be resolved to your satisfaction?

Signature: _____ Date: _____

6. Investigator

Name: _____

Signature: _____ Date: _____