



# 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?

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 6. Investigator

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_