



Tillamook County Transportation District Customer Feedback Form

<u>Customer Information</u>	Date:	Time:
Customer Name:		
Mailing Address:		
State:	City:	Zip:
Phone:	Email:	

<u>Incident Information</u>	Date of Incident:	Time of Incident:
Vehicle Number, if known:		
Driver Name, if known:		
Location of Incident:		
What kind of feedback would you like to submit?		
How would you categorize your feedback?		
Your Feedback:		
For additional space, please attach a blank page		

TCTD Internal Use Only: <input type="checkbox"/> Record <input type="checkbox"/> Binder <input type="checkbox"/> Response
Date of Investigation:
Notes:
Supervisor Signature:

Return Completed Forms To:
feedback@TillamookBus.Com or
3600 Third St, Ste A, Tillamook, OR 97141