



Span, Inc. Transportation Service Complaint Form

Date of Complaint _____ This complaint is being made by:
Client ____ Client Representative ____ Driver/Staff ____ Member of the Community ____
If you selected Client Representative, please list the client's name _____

Your Name _____ Telephone Number _____
Street Address _____ City _____ Zip Code _____
Email address _____

Date of issue that resulted in this complaint _____ Approx. time _____
Passenger Name _____ Vehicle Number _____
Driver/Employee Name _____ Route Number _____

Please explain the reason for your complaint and provide as much detail as possible:

Signature _____ Date _____

**Mail to Span, Inc., Attn: Transportation Mgr., 1800 Malone St., Denton, TX 76201;
email to span@spantransit.org; or fax to 940-383-8433.**

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Supervisor/Manager Response/Resolution to Complaint:

Supervisor/Manager Signature _____ Date _____