CATACOMMUTE

VANPOOL CONFLICT/COMPLAINT FORM

Complainant’s Name: ______________________________ Date: _____________

Vanpool # ________________________ Dispute with _________________________________

Description of incident (date, time, circumstances, etc.): ______________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

(Use back of page if additional space is needed.)

What steps were taken to correct: __________________________________________________

_____________________________________________________________________________

Submit to: CATACOMMUTE Office, 2081 W. Whitehall Road, State College, PA 16801; fax number 814-238-7643; or email it as an attachment to rideshare@catabus.com.

Result/Action Taken by Staff:

_____ Complaint unfounded
_____ Participant was instructed to change behavior
_____ Warning issued
_____ Driver privileges revoked
_____ Participant terminated

Response provided on: ________________ to ____________________________________________