HDPT ADA Comment Form

City of Harrisonburg Department of Public Transportation (HDPT) is committed to providing you with safe and reliable transportation services and we want your feedback. Please use this form for suggestions, compliments, and complaints. You may also call us at 540-432-0492, visit our Administrative Office, or contact us by email or U.S. postal mail at the addresses below. Please make sure to provide us with your contact information in order to receive a response. HDPT, Katelynn Noser, Grants Program Manager, 475 E. Washington St., Harrisonburg, VA 22802, 540-217-4782 Email: Katelynn.Noser@harrisonburgva.gov

| SECTION I: TYPE OF COMMENT (Choose One)* | | | | | | |
|--|------------|-------------|---------------------|----|-----------------|--------------------|
| Compliment | Suggestion | Comp | omplaint Oth | | ·· | ADA Related? Y / N |
| SECTION II: CONTACT INFORMATION | | | | | | |
| Salutation [Mr./Mrs./Ms., etc.]: | | | | | | |
| Name: | | | | | | |
| Rider ID (if applicable): | | | | | | |
| Street Address: | | | | | | |
| City, State, Zip code: | | | | | | |
| Phone: | | | Email: | | | |
| Accessible Format Requir | rements: | Large Print | TDD/Rela | ıy | Audio Recording | Other |
| SECTION III: COMMENT DETAILS | | | | | | |
| Transit Service (Choose One) Bus/Paratransit | | | | | | |
| Date of Occurrence: | | | Time of Occurrence: | | | |
| Name/ID of Employee(s) or Others Involved: | | | | | | |
| Vehicle ID/Route Name or Number: | | | | | | |
| Direction of Travel: | | | | | | |
| Location of Incident: | | | | | | |
| Mobility Aid Used (if any): | | | | | | |
| If above information is unknown, please provide other descriptive information to help identify the employee: | | | | | | |
| Description of Incident or Message: | | | | | | |
| SECTION IV: FOLLOW UP | | | | | | |
| May we contact you if we need more details or informa- | | | ation? | | Yes | No |
| What is the best way to reach you? (Choose One) | | hoose One)* | Phone | | Email | Mail |
| If a phone call is preferred, what is the best day and time to reach you? | | | | | | |
| SECTION V: DESIRED RESPONSE (Choose One)* | | | | | | |
| - Email response - Telephone response | | | | | | |
| - Response by U.S. Postal Mail | | | | | | |

^{*} Drop-down menu on web forms