

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, Cheryl Spain, Program Support Specialist, Sr., 475 E. Washington St., Harrisonburg, VA 22802 540-217-4783, Email: Cheryl.Spain@harrisonburgva.gov

SECTION I: TYPE OF COMMENT (Choose One)*				
Compliment__	Suggestion__	Complaint__	Other: _____	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 Requirements:	Large Print__	TDD/Relay__	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 information?		Yes	No	
What is the best way to reach you? (Choose 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)*				
<ul style="list-style-type: none"> - Email response - Telephone response - Response by U.S. Postal Mail 				