## **Paratransit Service Feedback Form**

| Name                     |          |
|--------------------------|----------|
|                          |          |
| Date of Service          |          |
|                          |          |
| Pickup Location          |          |
|                          |          |
| Drop-off Location        |          |
|                          |          |
| Driver's Name (if known) |          |
|                          |          |
| Timeliness of Service    |          |
|                          | •        |
| Vehicle Condition        | <b>~</b> |
| Safety and Comfort       |          |
|                          | _        |
| Staff Professionalism    |          |
|                          | •        |
| Additional Comments      |          |
|                          |          |