



First name:

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Last name:

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Address:

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Email:

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Phone:

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Please choose your service:

- Subways
- Buses
- Paratransit

What is the nature of your feedback?

- Complaint
- Commendation
- Request
- Suggestion

What is your complaint related to?

- |  |   |
|--|---|
| <input type="checkbox"/> Buses                     | <input type="checkbox"/> Accessibility                  |
| <input type="checkbox"/> Employees                 | <input type="checkbox"/> Trains                         |
| <input type="checkbox"/> MetroCard/Tickets         | <input type="checkbox"/> Travel Disruption/Trip Problem |
| <input type="checkbox"/> Schedules/Reservations    | <input type="checkbox"/> Trip Planning/Schedules        |
| <input type="checkbox"/> Station/Bus Stop/Facility | <input type="checkbox"/> Other                          |

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Where relevant, please provide the following information:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Train Line: \_\_\_\_\_ Station/Stop: \_\_\_\_\_

Bus Route: \_\_\_\_\_

Location in station: \_\_\_\_\_

Bus #: \_\_\_\_\_ Train Car #: \_\_\_\_\_

Station Booth #: \_\_\_\_\_ MetroCard Vending Machine #: \_\_\_\_\_