



First name:

Last name:

Address:

Email:

Phone:

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 |

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 #: _____