



ADA TRANSIT COMPLAINT/COMMENT FORM

The City of Manteca 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 (209) 456-8775, visit our Customer Service at the Manteca Transit Center, 220 Moffat Blvd., or contact us by email or U.S. Mail at the addresses below. Please be sure to provide us with your contact information in order to receive a response.

Juan Portillo, Transit Manager City of Manteca 1001 W. Center Street Manteca, CA 95337

Phone: (209) 456-8775 or e-mail: jportillo@ci.manteca.ca.us

SECTION I: TYPE OF COMMENT (Choose One)								
Compliment			aint	Other:		ADA Related? Y / N		
SECTION II: CONTACT INFORMATION								
Name:								
Physical Address:								
Primary Phone:			Email	Email:				
Accessible Format Requirements:		Large Print	Print TDD/R		Audio Recording		Other	
SECTION III: COMMENT DETAILS								
Transit Service (Choose One) : Fix		ixed Route	oute ADA/D		Transit Staff		Other	
Date and Time of O	Mok	ility Aide l	Jsed (if any	Route Number/Vehicle I		e ID:		
Name/ID of Employee(s) or Others Involved:								
Location of Incident/Direction of Travel:								
If any of above information is unknown, please provide other descriptive information:								
Description of Incide	ent:							
SECTION IV: FOLLOW UP								
May we contact you			hat is the b					
need more information? Yes No way to reach you? Phone Email Mail								
SECTION V: DESIRED METHOD OF RESPONSE FROM CITY OF MANTECA (Choose One)								
Email response Telephone response Response by U.S. Mail Other								