



COAST RTA ADA COMPLAINT RESOLUTION FORM

Coast RTA is committed to providing safe and reliable services. Use this form for suggestions, compliments, and complaints. Please provide us with your contact information in order to receive a response.

**General Manager c/o Coast RTA, 1418 Third Avenue, Conway, SC 28526
(843) 488-0865, Customer Service or ADAComplaints@CoastRTA.com**

SECTION I: TYPE OF COMMENT (Please Circle One)*			
Compliment	Suggestion	Complaint	Other (please explain):
ADA related?	Yes	No	
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 Audio Recording Other			
Information required in language other than English? If so, indicate language:			
SECTION III: COMMENT DETAILS			
Date of Occurrence:		Time of Occurrence: AM/PM	
Mobility Aide used (if any):			
Name of Employee(s):			
Vehicle ID / Route Name or Number:		Route/Direction of Travel:	
Location of Incident:			
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 (Circle One)* Phone Email Postal Mail			
If a phone call is preferred, what is the best day and time to reach you?			
SECTION V: DESIRED RESPONSE (Circle One)*			
Email Response		Telephone Response	
Response by US Postal Mail			
SECTION VI: OTHER COMPLAINTS FILED			
Have you filed a complaint with any other federal, state, or local agencies? Yes No			
If so, list agency/agencies and contact information below:			
Agency:		Contact Name:	
Street Address		City	
Phone		State Zip Code	
Agency:		Contact Name:	
Street Address		City	
Phone		State Zip Code	