



Customer Comment Form

HIRTA control# _____

Customer Name: _____ Today's Date: _____

Customer Address: _____

Phone #: _____

Driver Name (if known): _____ Others contacted: _____

Date of incident: _____ Witness (if any): _____

The Heart of Iowa Regional Transit Agency (HIRTA) takes all comments, whether it is a compliment or complaint, seriously. The issue brought to our attention today will be discussed as deemed appropriate by the Executive Director. Someone will be contacting you regarding your comment within 2 business days from receipt of this completed form.

Thank you for your feedback, HIRTA looks forward to serving you again.

Comment:

How did you obtain HIRTA's contact information?

Have you contacted HIRTA in the past regarding a similar situation? Yes No

Is there any other pertinent information you can provide (bus #, date, time, location etc.)

Thank you for taking the time to contact HIRTA and inform us about your experience(s). We strive to provide the best experience for our clients as possible. Please feel free to contact us again at any time.

Received by _____

Date Received _____

Forwarded onto _____