



Greenville-Pickens Area Transportation Study

Complaint Form

Name of Complainant: _____

Address : _____

Telephone Number: _____

Complaint filed against (person or program): _____

Please explain your complaint: Use additional sheets if necessary. Attach supporting documentation, if available.

What specifically do you want Greenville-Pickens Area Transportation Study to do about your complaint?

What have you done to resolve this complaint?

What resulted from your attempts to resolve this complaint?

Please give other details that you feel would be helpful as it relates to the complaint and/or a resolution in this matter.

What will resolve this matter?

Signature of Complainant

Date