

CATACOMMUTE

VANPOOL CONFLICT/COMPLAINT FORM

Complainant's Name: _____ Date: _____

Vanpool # _____ Dispute with _____

Description of incident (date, time, circumstances, etc.): _____

(Use back of page if additional space is needed.)

What steps were taken to correct: _____

Submit to: **CATACOMMUTE** Office, 2081 W. Whitehall Road, State College, PA 16801; fax number 814-238-7643; or email it as an attachment to rideshare@catabus.com.

Result/Action Taken by Staff:

- _____ Complaint unfounded
- _____ Participant was instructed to change behavior
- _____ Warning issued
- _____ Driver privileges revoked
- _____ Participant terminated

Response provided on: _____ to _____