

Steel Valley Regional Transit Authority
P.O. Box 1177, 555 Adams St., Steubenville OH 43952
Customer Suggestion/Complaint Form

Date: _____ Time: _____ A.M. P.M.
(circle one)

Customer Name: _____ Telephone: _____ - _____ - _____

Address: _____
Street/P.O. Box Zip Code City State

Location/Stop: _____

Vehicle Number _____ (if known) Route _____ (if known)

Time of Incident: _____ A.M. P.M. Date or Incident: ____/____/____
(circle one) Mo. Day Year

SVRTA is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, or national origin as provided by Title VI of the Civil Rights Act of 1964, as amended.

Is the information described below relevant to those rights guaranteed under Title VI of the Civil Rights Act of 1964, as amended. Please check one: YES NO

Suggestion or Nature of Complaint _____

