

## **VOTRAN CUSTOMER REPORT**

Complaint		Commendation	
Your Name:			
Incident			
Date:	Time:	Route:	
Bus #	Employee Name:		
Stop # or Location:			
Comments/Details:			
	nts will be investigated t	re able to. Your report will be hrough Votran's Customer	

Date:	Received By:	Log #:
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