

DATS Client Commendation/Complaint Form



General Information - MUST BE COMPLETED

Date of Incident (MM/DD/YY): _____ Time of Incident (specify AM/PM): _____
DATS Client Name: _____ DATS Client ID #: _____
Address/Location of Incident (if applicable): _____
Daytime Phone Number: _____ Today's Date (MM/DD/YY): _____

Commendation

Please provide details below

Complaint

Please check which type of complaint you have and provide detail in the space below

- Operator Conduct
- Vehicle
- Safety
- No Show
- Schedule Adherence (please pick an option and provide details below)
 - Pick-up Early or Late - Time of pick-up: _____
 - Excessive Travel Time - How Long: _____
 - Routing
 - Location/Door
 - Other: _____

Please provide details below

Please save this form before printing!

Completed forms can be submitted by email to dats@edmonton.ca or by fax to 780-496-2883

Would you like to receive a follow-up phone call from the DATS Customer Care Centre?

- Yes, please call me at the number provided above to follow-up
- No, please do not call me for a follow-up