

## Owned & operated by AEOA

## **General Complaint**

Date			
MM DD YYYY			
First name		Last name	
Address Line 1			
Address Line 2			
City	State	Zip code	
Phone number	_	Preferred email	
Preferred contact metho	od	Best time to contact	you
Please describe in as much detail as possible the situation surrounding your complaint:			
What county did the incident occur in?			

The completed form should be submitted either by emailing joe.gentile@aeoa.org or by mailing it to:

Arrowhead Transit, ATTN: Joe Gentile, 702 3<sup>rd</sup> Ave. S., Virginia, MN 55792.