



General Complaint Form

Date:

MM DD YYYY

First name: _____

Last name: _____

Address Line 1:

Address Line 2:

City: _____

State: _____

Zip code: _____

Phone number: _____

Preferred contact method: _____

Preferred email: _____

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 Colette.hanson@aeoa.org or by mailing it to: Arrowhead Transit, ATTN: Colette Hanson, 702 3rd Ave. S., Virginia, MN 55792.