

ADA Comment Form

HAPCAP is committed to providing you with safe and reliable transportation services and we want your feedback. Please use this form for suggestions, compliments, and complaints. You may also call us at 740-767-4500, or contact us by U.S. postal mail at the addresses below. Please make sure to provide us with your contact information in order to receive a response. HAPCAP, Transportation ADA Coordinator, 3 Cardaras Dr., PO Box 220, Glouster, Oh 45732.

SECTION I: TYPE OF COMMENT (Choose One)*				
Compliment__	Suggestion__	Complaint__	Other: _____	ADA Related? Y / N
SECTION II: CONTACT INFORMATION				
Salutation [Mr./Mrs./Ms., etc.]:				
Name:				
Rider ID (if applicable):				
Street Address:				
City, State, Zip code:				
Phone:		Email:		
Accessible Format Requirements:	Large Print__	TDD/Relay__	Audio Recording__	Other_____
SECTION III: COMMENT DETAILS				
Transit Service (Choose One) [GoBus, Athens Public Transit, Athens On Demand Transit, Logan Public Transit]				
Date of Occurrence:		Time of Occurrence:		
Name/ID of Employee(s) or Others Involved:				
Vehicle ID/Route Name or Number:				
Direction of Travel:				
Location of Incident:				
Mobility Aid Used (if any):				
If above information is unknown, please provide other descriptive information to help identify the employee:				
Description of Incident or Message [Text box on web form for narrative]:				
SECTION IV: FOLLOW -UP				
What is the best way to reach you? (Choose One)*	Phone	Email	Mail	
If a phone call is preferred, what is the best day and time to reach you?				