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# RIDER REPORT

**TODAYS DATE:**

| | | | |
|---|---|---|---|
| **NAME:** | | **PHONE:** | |
| **ADDRESS:** | | | |
| **DATE OF INCIDENT:** | | **TIME:** | ☐ **AM** ☐ **PM** |
| **LOCATION:** | | | |
| **DESTINATION/DIRECTION:** | | | |
| **BREEZE BUS:** ☐ | **SPRINTER:** ☐ | **COASTER:** ☐ | **LIFT:** ☐ |
| **BUS #:** | **CAR #:** | **CAR #:** | **BUS #:** |
| **ROUTE #:** | | | |
| **DRIVER/CONDUCTOR/OPERATOR:** | | | |

**Please describe in detail the incident or your complaint/comments:**

**DO YOU WISH TO MAKE A FORMAL "ADA" COMPLAINT?** ☐ **YES** ☐ **NO**

**Submit**

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