

Passenger Name:

Navajo Transit System PO Drawer 1330 Window Rock AZ 86515 Phone: (928) 729-4002 Fax: (928) 729-4116

www.navajotransit.navajo-nsn.gov

COMPLAINT / COMMENDATION FORM

Date:

Address:	(In order for NTS to address & resolve the is	Phone No.:ssue, name and contact info must be provided)
Date of Incident Drivers Name:		Doute No.
COMPLAINT OR C		
	ommendation.	
Submit this form by: PHONE: 928-729-4233 MAIL: PO Box 1330 Window Rock AZ 86515; FAX 928-729-4116 EMAIL: navajotransit@outlook.com. ONLINE: www.navajotransit.navajo-nsn.gov		
Please be assured that information provided will remain confidential and will be used only for the purposes of enhancing the quality of our public transportation services. Thank you for helping us improve our transportation services.		
	OFFICIAL USE ON	LY
Investigated by:		Date:
Please attach inves	tigative report	
10/01/2020 NTS		