## **ADA Comment Form**

Santa Fe Trails 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 505-955-2001 or contact us by email or U.S. postal mail at the addresses below. Please make sure to provide us with your contact information in order to receive a response.

Santa Fe Trails, Transit Division Director, 2931 Rufina St, Santa Fe, NM 87507

SECTION I: TYPE OF COMMENT (Choose One)*						
Compliment	Suggestion_	Suggestion Compl		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 Requi	rements:	Large Print	TDD/Rela	ıy Audio	Recording	Other
SECTION III: COMMENT DETAILS						
Transit Service: BH & CC Tramway						
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						
May we contact you if we need more details or informa			ation?		Yes	No
What is the best way to reach you? (Choose One)*		oose One)*	Phone	Email		Mail
If a phone call is preferred, what is the best day and time to reach you?						
SECTION V: DESIRED RESPONSE (Choose One)*						
- Email response						
- Telephone response						
- Response by U.S. Postal Mail						

## Policies for response will include

- Date of receipt: Process Start
- Date of assignment for investigation: within 5 working days
- Date of resolution: within 10 working days

  Date of communication to complainant: within 5 working days