



## TransAction Form



**Name of Complainant (optional):**

**Phone number (optional):**

**Handi-Transit number:**

**Date of incident:**

**Time incident occurred:**

**Name of driver (if known):**

**Driver badge or license number:**

**Type of vehicle:**

**Vehicle number:**

**Description of incident:**

1) Call in your complaint to the Handi-Transit Complaint Line at 986-3462 and to the Handi-Transit Supervisor at 986-5708.

2) Send your complaint to Supervisor of Handi-Transit, 421 Osborne St., Wpg., Mb. R3L 2A2.

3) Send a copy to MLPD, 105-500 Portage Ave. Wpg., Mb. R3C 3X1

