

Transportation Inconsistencies Network (TIN)
Manitoba League of Persons with Disabilities (MLPD)

Complaint Form

Handi-Transit

Date: _____ Time _____

Name of Complainant: _____

Name/Number of Driver: _____
(photo identification
tag should be visible
on their collar or attached
to their jacket)

Please Describe Incident:

In case we need further information, please consider providing contact details.

Telephone: _____

E-mail: _____