



GO WESTMORELAND SHARED-RIDE COMPLAINT FORM

CLIENT NAME: _____

ADDRESS: _____

PHONE: _____ DATE: _____

DATE & TIME OF OCCURRENCE: _____

PROVIDER: _____

DESCRIPTION: _____

SIGNATURE: _____

TO BE COMPLETED BY GO WESTMORELAND:

FINAL RESPONSE: _____

SIGNATURE: _____ DATE: _____

Please attach a copy of the correspondence sent to the client