**BUS STOP/ROUTE COMPLAINT**

1. **CONTACT INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | | | | Family Name | | | | | | | | Given Name(s) | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | |  | | | | | | | | | | | | | | |
| Residential Address | | | | | | | | | | | | Suburb/Town/Locality | | | | | | | | Postcode | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | |  | |  | |  | |  |
| Postal Address | | | | | | | | | | | | Suburb/Town/Locality | | | | | | | | Postcode | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | |  | |  | |  | |  |
| Daytime Telephone Number | | | | | | | | | | |  | Mobile Telephone Number | | | | | | | | | | | | | | |
|  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |
| Date | | | | | | | | | | |
|  | | | | | | | | | | |

**Please read this information before completing this form.**

Describe the location of the bus stop(s)/route in sufficient detail so it can be easily located. Use such things as:

* Road names (this is essential)
* Distance from a point, like a prominent feature (eg a creek)
* Distance from an address (RSD)
* Reference to a “hydro pole” number
* Draw a diagram

Describe the direction which the bus is travelling, for example:

* North/South/East/West
* Towards ………. (a town, road etc)

Supply the bus operator’s name. If you do not know the name of the bus operator then provide the registration number of the bus.

Describe in detail the particular issue you have with the bus stop(s)/route. Include details on any recent changes that may have affected this stop/route. Attach additional sheets or information if relevant.

**Please note:**

* Often issues such as bus shelters, footpaths, street lighting, and condition of the road or the roadside is the responsibility of your local council. In this case your complaint will be forwarded to the appropriate council and you will be notified.
* Some investigation may be required prior to you receiving a response. If you have not had a response within four weeks, please call 03 6166 3343.

1. **BUS STOP/ROUTE INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Location of bus stop(s) or route information | | | |
|  | | | |
| Direction the bus travels | | | |
|  | | | |
| Time of day | | | |
| AM | / | PM |
| Bus Operator | | | |
|  | | | |

1. **ISSUE/COMPLAINT**

|  |
| --- |
| Describe the issue/complaint |
|  |

1. **COMMENTS**

|  |
| --- |
| Any comments you would like to add |
|  |

**PRIVACY STATEMENT**

You are providing information to the Department of State Growth, which will manage that information in accordance with the *Personal Information Protection Act 2004*. The personal information collected here will be used by the Department for the primary purpose for which it is collected.Failure to provide this information may result in your application not being able to be processed or records not being properly maintained. The Department may also use the information for related purposes, or disclose it to third parties in circumstances allowed for by law. You have the right to access your personal information by request to the Department and you may be charged a fee for this service.

**Please return form to:**

Passenger Transport

Department of State Growth

GPO Box 1242

HOBART TAS 7001

Ph: 03 6166 3343

Email: [ptscontracts@stategrowth.tas.gov.au](mailto:ptscontracts@stategrowth.tas.gov.au)

Fax: 03 6173 0260