



UNIVERSITY OF
SOUTHERN MAINE

SHUTTLE BUS COMPLAINT FORM

FROM: Name _____
Street _____
City _____
State _____ ZIP _____
Telephone# (____) _____

Date of Complaint _____ Time of Complaint _____

Bus Number _____ or Route

- Portland to Gorham
- Gorham to Portland
- Portland Hall

Nature of Complaint

Signature of Complainant _____
(Complaint not considered unless signed)

SEND TO: Parking and Transportation Manager
Parking and Transportation Department
PO Box 9300
Portland ME 04104-9300