



Complaint Regarding School Transport Assistance

Transport Management Services, Multiserve Limited

Please complete this form if you feel the service you have received has not met your expectations.

On completion, please send to Transport Management Services, Multiserve Limited, Private Bag 92617, Symonds Street, Auckland 1150 or email to dtribe@multiserve.co.nz

Student's Family Name _____ Student's Given Name _____
 Date of Birth _____ School Attended _____

Complaint relates to:

<input type="checkbox"/>	Bus/Taxi Operator (name of operator)
<input type="checkbox"/>	Conveyance Allowance
<input type="checkbox"/>	Multiserve
<input type="checkbox"/>	Other (please give detail)

How would you like us to get back to you?

<input type="checkbox"/>	Email (please give details)
<input type="checkbox"/>	Phone (please give details)
<input type="checkbox"/>	Post (please give details)
<input type="checkbox"/>	Other (please give detail)

Details of complaint:

Please feel free to attach any additional documentation or maps.
Please continue on separate sheet(s) if necessary.

Signed _____ Date _____

Office Use Only:

Date form received:		Reviewed by:	
QC'd by:			
Caregiver advised		Filed	