



GRIEVANCE FORM

Ventura Transit System
 554 South Dawson Drive
 Camarillo, CA 93012

Name:
Street Address:
City/State/Zip:
Telephone/Email:

Description of your grievance (complaint) – Please provide a complete description including dates, times, places, names, and any other relevant information. Use a second sheet or backside as needed.

Signature of Person Filling out Form: _____ Date: _____

Please send completed form to the address above or email anitraj@venturatransit.com