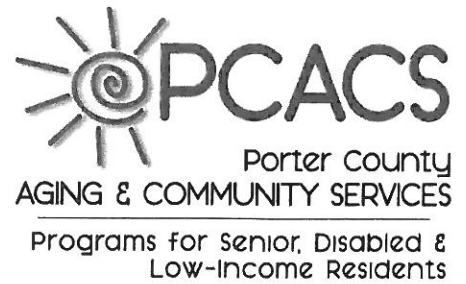


# Transportation Survey



*Alternate / accessible formats available  
Assistance completing this form available upon request*

Date \_\_\_\_\_

About how many times a month do you ride on one of our buses? \_\_\_\_\_

Do we pick you up on time?  yes  no  usually

Is the bus driver friendly and helpful?  yes  no  usually

Does the bus driver safely?  yes  no  usually

Is the bus clean?  yes  no  usually

Does the bus driver seem to know where he or she is going?  yes  no  usually

When you call for an appointment is the phone answered quickly?  yes  no  usually

When you call for an appointment is the phone answered properly?  yes  no  usually

Have you had any transportation problems that haven't been resolved?  yes  no

Do you have any suggestions that could make PCACS transportation service better? \_\_\_\_\_

Have you received any exceptional service that you would like to tell us about? \_\_\_\_\_

Your name (optional) \_\_\_\_\_ phone number \_\_\_\_\_

Please contact me if you want to share some information with me or if you need assistance with this form or would like to have this form in another accessible format.  
**Bruce Lindner, Executive Director**  
(219) 465-7144 – bhindner@frontier.com

05-10-11