

Client Transportation Report Card

Instructions: Please take a moment to print this form and grade us in each of the following areas by circling the appropriate letter grade. (Note: A=excellent, B=good, C=fair, D=poor and F=fail.). Upon form completion, mail to:

Hyannis Transportation Center
PO Box 1988
Hyannis, MA 02601

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|----|-------------------------------|---|---|---|---|---|
| 1. | Trip Scheduling | A | B | C | D | F |
| 2. | Courtesy of Driver | A | B | C | D | F |
| 3. | Timeliness | A | B | C | D | F |
| 4. | Cleanliness of Vehicle | A | B | C | D | F |
| 5. | Safety (please comment below) | A | B | C | D | F |
| 6. | Overall Service Provided | A | B | C | D | F |

Comments and/or Suggestions:

Name: _____

Date of Trip: _____
