

## 1. Rider Survey

\* 1. Please identify the city or town you live in.

City/Town:

\* 2. It is a challenge for me to travel because of my:

Age

Disability

Income

Choose not to answer

\* 3. What type of public transportation do you most often ride?

Fixed route (standard route bus)

Para-transit (Access, Dial-A-Lift, DART)

Taxi

Train

Shared ride with someone else

Van Pool

Other (please specify)

\* 4. Indicate whether you agree or disagree with the following statement: the transportation provider listens to my concerns.

Strong Agree

Agree

Neutral

Disagree

Strongly Disagree

\* 5. How comfortable would you feel telling the transportation provider if you had a problem with your transportation?

Very comfortable

Somewhat comfortable

Unsure

Somewhat uncomfortable

Very uncomfortable

No opinion

\* 6. If you were unhappy with your transportation service, how would you comment about the service?

- In writing
- By phone
- By fax
- By e-mail
- By Web site
- TTY
- Comment card
- Don't know

\* 7. Where would the most convenient place be for you to pick up a customer comment card?

- On the bus
- At the station
- At a local community center
- On the Web
- Don't know
- Other (please specify)

\* 8. Have you communicated with the transportation provider about a bad experience?

- Yes
- No

9. If yes, did the provider offer a response to your concern?

- Yes
- No
- I didn't ask for one

10. If yes, how satisfied were you with the response?

- Very satisfied
- Somewhat satisfied
- Unsure
- Somewhat unsatisfied
- Very unsatisfied
- No opinion

11. If you were not satisfied with the response, did the transportation provider offer information on next steps to take?

Yes

No

12. Has the transportation provider told you how to comment about your transportation experience?

Yes

No

13. If you would like, please provide us with contact information to be used if we have questions about your answers. This information will not be shared with anyone and will be kept strictly confidential

Phone

Email