

Incident/Information Form

Orange County Disability Awareness Council

NOTE: This form is to be used by citizens to report incidents or relay information to the Orange County Disability Awareness Council so that the Council may investigate and offer solutions or further information to enhance the lives of the disabled in our community.

Name: _____

Address: _____

Date: _____ Phone No.: _____

Date of Incident or Observation: _____

Location: _____

Complete Description of Incident or Observation: _____

THIS SECTION TO BE USED ONLY IF INFORMATION RELATES TO TRANSIT SYSTEM:

Transit Driver's Name: _____

Date of Incident: _____ Bus No.: _____

Location: _____ Time of Incident: _____

Complete Description of Incident or Observation: _____
