



FORMAL COMPLAINT FORM

Created by Amtrak in Partnership with Corporate Lodging



COMPLETE ALL FIELDS BELOW - ALL CONCERNS SHOULD BE SUBMITTED WITHIN 48 HOURS OF INITIAL INCIDENT. INCLUDE PHOTOS IF APPLICABLE.
Email completed form to: amtrakacctmgms@clclodging.com; Jessica.Fuller@amtrak.com; Aaron.Moyer@amtrak.com; and copy your supervisor

Name of Hotel or Transportation Provider:		City:	State:

Date of Incident:	Time of Incident:

Employee First Name	Employee Last Name	SAP Number	Room Number and/or Van Number
Did the incident involve a hotel employee or transportation employee?		If "yes," name and/or position	
Did you report this to the hotel?		If "yes," name and/or position	
Detailed explanation of the incident (be specific and provide as much information as possible):			

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I hereby certify that the information provided above is true and accurate to the best of my knowledge and belief. Any person who knowingly makes any false statement or misrepresentation may be subject to administrative discipline per Amtrak's Code of Ethics and Standards for Behavior policies.