



FORMAL COMPLAINT FORM



Please print legibly and complete all fields below.

Submit complaints within 48 hours from time of incident. Include pictures if applicable.

Created by Amtrak in Partnership with CLC/Travelliance

Send the Form to : antunas@amtrak.com; Jessica.Fuller@amtrak.com; AmtrakAcctMgmrs@CLCLodging.com

For IMCS , send the form to : Aaron.Moyer@amtrak.com; Ann.Smith@amtrak.com; Aisha.Easton@Amtrak.com; Amtra

Name of Hotel or Transportation Co:	City:	State:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Incident:	Time of Incident:
<input type="text"/>	<input type="text"/>

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

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



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.