

Richmond Metropolitan Authority - CUSTOMER FEEDBACK FORM

We want to hear from you! We strive to provide outstanding service to our patrons, and we'd like to hear about any incident you may have encountered at our facilities. The information you provide below will go directly to our Public Relations Manager for delivery to the manager or director of the appropriate division of the RMA. If you desire to be contacted regarding your comments, please check the appropriate button and we will be more than happy to do so as soon as possible.

If you have a complaint, please fill out the entire form. If you have a comment, question or information request, please begin filling out this form at Question 3.

1. Please tell us the date of the incident: month _____ /day _____ /year _____
2. At approximately what time did the incident occur? ____:____ AM / PM (circle one)
3. Please check the RMA facility related to your concern:

General:

- | | |
|---|--|
| <input type="checkbox"/> Powhite Parkway | <input type="checkbox"/> Downtown Expressway |
| <input type="checkbox"/> Boulevard Bridge | <input type="checkbox"/> The Diamond |

Toll Plazas:

- | | |
|---|--|
| <input type="checkbox"/> Powhite Parkway | <input type="checkbox"/> Downtown Expressway |
| <input type="checkbox"/> Boulevard Bridge | <input type="checkbox"/> Forest Hill ramp |
| <input type="checkbox"/> Eleventh Street ramp | <input type="checkbox"/> Other ramp |

Parking Decks:

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Downtown Expressway | <input type="checkbox"/> Second Street | <input type="checkbox"/> Carytown |
|--|--|-----------------------------------|

4. Please enter your comments or questions. If you are entering a complaint, please be as specific as possible, and include a description of the employee, if applicable.

5. Please provide your contact information. This information will be used to contact you regarding your concern and to archive your information for our records. Your information will be kept on file in the RMA's Public Relations Office.

First Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: (____) _____ Home Phone: (____) _____

FAX: (____) _____ E-mail: _____

6. Would you like us to contact you regarding your concern? ___Yes ___No

You can contact us via telephone, mail or e-mail during normal business hours.
Here's how to contact us:

Richmond Metropolitan Authority
919 East Main Street, Suite 600
Richmond, VA 23219
Telephone: (804) 523-3300
Fax: (804) 523-3330
E-mail: info@the-rma.org