TA-W63172 (12/2018)									Report No.		
NEW YORK Thruway OPPORTUNITY Authority											
P.O. Box 189											
Albany, NY 12201-0189 TollCustomerService@thruway.ny.gov											
					MER REP						
INSTRUCTIONS	:		C	0310	MEK KEP	OKI					
Please provide		possible.									
Try to BE SPECIFIC in describing the employee's words and actions.											
Your name and address will be kept confidential. Submit completed report to the mailing or small address above.											
Submit completed report to the mailing or email address above.											
Customer Name					Daytime Phone No. Ext. Evening					ne No	. Ext.
					()	_		()	_	
Street Address				City	,				State	Zip	Code
										'	
Email Address											Date
Email Address											Date
DETAILS OF INCIDENT											
Date	Time	AM	Toll Station N	lame 8	k No. (Examp	le - New Pal	tz, Exit 18)				Lane No.
		PM									
Collector No.		Description	n of Employee	9							<u> </u>
	Male										
Female											
Do you consider this REPORT a: Compliment Complaint Your Comments:											
four Comments:											
If this is a complaint, how could this incident have been avoided?											
2. C.1.5 15 a Comple	ame, now could till	o malaciil i	.are been av	J.acu:							