



P.O. Box 189
Albany, NY 12201-0189
TollCustomerService@thruway.ny.gov

INSTRUCTIONS:

- Please provide as much detail as 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 email address above.

Customer Name	Daytime Phone No. Ext.	Evening Phone No. Ext.
	() -	() -
Street Address	City	State Zip Code
Email Address		Date

DETAILS OF INCIDENT

Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Toll Station Name & No. (Example - New Paltz, Exit 18)	Lane No.
Collector No. <input type="checkbox"/> Male <input type="checkbox"/> Female	Description of Employee		

Do you consider this REPORT a: Compliment Complaint

Your Comments:

If this is a complaint, how could this incident have been avoided?