

# West Central Ohio Port Authority



## Customer Feedback/ Incident Report

Company Name \_\_\_\_\_ Customer Contact \_\_\_\_\_

Customer Contact Information  
Phone \_\_\_\_\_ Email \_\_\_\_\_

General Nature of Report  
Type \_\_\_\_\_ Tone \_\_\_\_\_

Report Focus Agency \_\_\_\_\_  
(name of agency causing issue - if any)

Agency Contact #1 \_\_\_\_\_ Agency Contact #2 \_\_\_\_\_  
(name of person(s) at the agency you have already contacted about this issue - if any)

### Incident Description

### Requested Action

Requested Action Timeframe \_\_\_\_\_  
(Date you wish for the issue to be addressed by - if any)

*The WESTCO Port Authority Board of Directors values your opinion and will use feedback reported on this form to improve and maintain a positive service experience for WESTCO customers.*

Please Return to WESTCO Secretary-Treasurer, Thea Walsh

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**Email**  
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