Consolidated Rail System Federation

CORPORATE LODGING TRAVELER
HOTEL REQUEST/COMPLAINT FORM

DATE__________________

Please fill out the following information:

☐ 00 Hotel did not accept CLC
☐ 01 Poor accommodations (explain below)
☐ 02 Poor/limited parking (explain below)
☐ 03 Unsafe/No Parking (explain below)
☐ 04 Specific incident/accident (explain below)
☐ 05 New/Alternative stop needed (explain below)
☐ 06 Property closed/out of business
☐ 07 Other (explain below)

Employee ____________________________
Employee # ___________________________
Completed By _________________________
Phone # ______________________________
Fax # __________________________________
Gang # ________________________________

Hotel Name_________________________________________ Phone________________________
Address __________________________ City_______________________State_________Zip_________

Date of Incident____________________________ Room Number_________________________

Comments:
___________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Did you address this issue with the Hotel Manager? Yes_____________No______________

____________________________________________________________

CLC Reply: _______________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Hotel # ___________________________________ Date _______________________________

MAIL TO: Consolidated Rail System Federation
Attn: CLC Complaint
58 Grande Lake Drive Suite #2
Port Clinton, Ohio 43452-1450

OR FAX TO: (419) 734-7267