

NOTE: This complaint form is NOT a live form but a version used during the 2018 pilot. For current information on e-scooter reporting and feedback, please visit www.escooterpdx.com/reporting.

E-Scooter Complaint Form

Instructions:

Complaints - Please describe your complaint in detail. More information will help us investigate or better understand the nature of your complaint. Your complaint will be assigned a complaint number and we will do our best to respond in a timely manner. If you have multiple incidents to report, please check all appropriate categories.

Emergencies - If this is a medical emergency, please call 9-1-1. If this is an emergency not medically related, please contact the e-scooter company after submitting this form.

Road Hazards - To report urgent road hazards, like potholes, call 503-823-1700 or email PDXroads@portlandoregon.gov.

Follow-up - Please email e-scooter@portlandoregon.gov with your complaint number should you need to follow-up.

We appreciate your feedback. Thank you!

Complainant Information:

Please submit your contact information, so we can process your complaint and follow up with you.

First Name*

Last Name*

Email Address*

Complaints:

Check all appropriate boxes.

General feedback (not about a specific device/company/incident)

Device found blocking pedestrian right-of-way

Device found blocking bike-path

Device found inside or blocking access to a building

Device found blocking MAX or Streetcar tracks	<input type="checkbox"/>
Device found blocking vehicle travel lane	<input type="checkbox"/>
Device listed as available, but physically inaccessible	<input type="checkbox"/>
Unpermitted company, vehicle	<input type="checkbox"/>
Unsafe or unsanitary vehicle, damaged or missing equipment, vehicle in disrepair	<input type="checkbox"/>
Unsafe riding on the street	<input type="checkbox"/>
Fare greater than expected, extra charges, or un-identifiable charges added to fare	<input type="checkbox"/>
User not wearing a helmet	<input type="checkbox"/>
User observed riding on sidewalk	<input type="checkbox"/>
Sustained an injury	<input type="checkbox"/>
Other	<input type="checkbox"/>
Date Violation Observed	<input type="text"/>
Approximate Time of Incident	
Address or Street Intersection of Incident <i>e.g. 1120 SW 5TH or 5TH AND MAIN</i>	
Company	
Other Company	
Company E-Scooter ID	
City of Portland E-Scooter ID (looks like "SES00001")	
Describe the Complaint in Detail*	
Upload Additional Documentation or Photographs	
I affirm that the information I have provided on this form is true and accurate to the best of my knowledge.*	

