Complaint/Commendation Form

Please complete and fax to Community Transit of Delaware County, Inc. at 610.490.3992 attn: Lisa Soltner, Director of Operations

Passenger’s Name:__________________________________  Passenger’s ID #:_____________

Incident Date: ____________    Pick Up Time:  _________    Actual Pick Up Time:  _________

Vehicle Number:  _________  Driver’s Name:  _____________________________________

Agency:  ______________________________________________________________________

Agency Representative:  _______________________  Telephone Number:  ________________

Instructions:
Circle all items that apply and explain. Use reverse side if necessary.

On-Time Performance:
Pick-up was:
More than 20 minutes early
More than 35 minutes late
More than 60 minutes late
Other:________________________

Passenger rode on vehicle too long
Vehicle never showed
Other:________________________

Passenger arrived at destination:
More than 35 minutes late
More than 60 minutes late
Did not arrive at program at all
Other:________________________

Lack of Professionalism:
Driver
Vehicle Escort/Aide
Dispatcher
Customer Service Representative

Driving:
Too fast/reckless
Lack of driver assistance
Driver smoking
Passenger not safely secured in vehicle
Driver not parking so that passenger may safely embark/disembark vehicle

Dispatch/Customer Service:
Inaccurate information given
Inability to contact driver via radio for ETA

Phones:
On hold longer than 12 minutes
Busy signal
No answer

Additional Comments:

For Community Transit Use Only:

Assigned to: _________________________________ for investigation on __/__/____

Response to: _________________________________ no later than __/__/____

“Q” Incident Number: ____________

What follow-up is needed?

Follow-up completed by: ________________________________ on __/__/____