



## DRIVER INFORMATION

NAME \_\_\_\_\_  DO NOT KNOW

PARTIAL NAME \_\_\_\_\_

DESCRIPTION OF THE DRIVER (IF YOU DO NOT HAVE A NAME) \_\_\_\_\_

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## LOGISTICS

VEHICLE TYPE:     PASSENGER CAR             MULTI PASSENGER VAN             BUS             OTHER

DATE OF INCIDENT \_\_\_\_\_ TIME OF INCIDENT \_\_\_\_\_

DESTINATION; (TO) \_\_\_\_\_

(FROM) \_\_\_\_\_

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## POSSIBLE REASONS FOR THE COMPLAINT

PROVIDER/DRIVER WAS RUDE     DRIVER WAS DISCOURTEOUS     INAPROPRIATE DRIVER BEHAVIOR

USE OF BAD LANGUAGE     SMOKING     EATING     DRINKING     CHEWING TOBACCO

PERSONAL HYGIENE/DRIVER/RIDERS     LATE PICKUP     LATE DELIVERY     EARLY PICKUP

FAILED TO DISPATCH     REFUSAL TO TRANSPORT     VEHICLE UNSAFE     UNSAFE DRIVING

EXCESSIVE SPEED     EXCESSIVE SPEED FOR WEATHER CONDITIONS     TALKING ON CELL WHILE DRIVING

TEXTING WHILE DRIVING     DRIVER MADE UNSCHEDULED STOPS     ACCIDENT W/ INJURIES

ACCIDENT WITHOUT INJURIES     LOUD RADIO     INTERIOR OF VEHICLE DIRTY OR IN NEED OF REPAIR

UNCOMFORTABLE TEMPERATURE IN VEHICLE     SAFETY ISSUES     VEHICLE UNSUITABLE FOR CUSTOMER

PROBLEMS WITH OTHER PASSENGERS     PROBLEMS WITH ACDJFS TRANSPORTATION DEPARTMENT

OTHER \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DETAILS DESCRIBING THE EVENT

Please provide, to the best of your knowledge, a factual concise accounting of what you observed or what transpired. Be specific as possible and include dates, times and location (s) of the alleged violations. If possible, include copies of relevant documents. DATE \_\_\_\_\_ Time \_\_\_\_\_

Multiple horizontal lines for providing a detailed account of the incident.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

COMPLAINT RECEIVED BY \_\_\_\_\_

DATE COMPLAINT RECEIVED: \_\_\_\_\_

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**INVESTIGATIVE FINDINGS**

(Agency Use Only)

**UNFOUNDED**

**SUBSTANTIATED**

Multiple horizontal lines for providing investigative findings.

SUBMITTED BY:

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