COMPLAINT FORM

If you have encountered a problem regarding transportation service, please complete this form to the best of your ability. Typically, the agency will complete its initial investigation within 5 business days or sooner. Exceptions might be caused if a key party is inaccessible for a length time due to illness, vacation etc.

Please note that we will process anonymous complaints just as we will any other complaint. However, if you wish to file your complaint anonymously, you will not be afforded the benefit of learning the results of our investigation. Additionally, you will not know if there was an error on your part (perhaps in reading a schedule, being in the wrong location for pick up etc.) As such, the same problem may occur again.

Thank you for your cooperation.

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CUSTOMER INFORMATION

NAME: ____________________________________________________________________________

ADDRESS: _________________________________________________________________________

CITY: ____________________________________________________________________________

PHONE NUMBER THAT YOU CAN BE REACHED AT WEEKDAYS BETWEEN 8:00 AM and 4:30 PM: __________________

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TELL US ABOUT YOUR COMPLAINT

NAME OF COMPANY YOU EXPERIENCED THE INCIDENT WITH:

☐ SENIOR LEVY PROGRAM ☐ CITY CAB ☐ ACTS

☐ DISABILITY RELATED ☐ YES? ☐ NO?

☐ COUNTRY NEIGHBOR ☐ ASHTABULA COUNTY JOB AND FAMILY SERVICE
**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  ☐ INAPPROPRIATE 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_________________

SIGNED____________________________________

DATE____________________________________

COMPLAINT RECEIVED BY______________________________________________________

DATE COMPLAINT RECEIVED:____________________

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INVESTIGATIVE FINDINGS

(Agency Use Only)

☐ UNFOUNDED ☐ SUBSTANTIATED

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SUBMITTED BY:
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