

SCHUYLKILL TRANSPORTATION SYSTEM

PASSENGER / MOTORIST COMPLAINT FORM

Incident Number:

TO BE COMPLETED BY DISPATCHER/CALL TAKER

Complaint Name: _____

Address: _____

Telephone No: _____

E-Mail: _____

Does the complainant want to be contacted with the results of the investigation: YES NO

Date of Complaint: _____ Time of Complaint _____ A.M. P.M.

Passenger: Motorist: Lost or Damage: Other:

What is the Complaint? _____

Subject of the Complaint:

Safety Service Loss or Damage Other

Name of Driver and/or vehicle number, if known: _____

Origin and Destination of your trip, if applicable: _____

Date and Time of the Incident: _____

Where did the Incident Occur (Be specific, include road names, nearby towns, etc.) _____

Description of the Alleged Incident: _____

Call taken by: _____ Date and Time of Call: _____

ASSIGNED TO: _____

Results of the Investigation (Based on GPS, driver interview, and other applicable technology methods) _____

Follow-up Actions with driver, if applicable (Counsel, training, discipline, etc.) _____

Follow-up Action with Complainant, if applicable (date/time, summary of discussion and/or resolution)

Complaints involving SAFETY ISSUES will be given IMMEDIATELY to the Operations Manager or Operations Supervisor on duty
Complaints will be forwarded to the Operations Manager by the next business day
Customer will receive a response within ten (10) business days.

Date Response Due: _____

Date Response Sent: _____