**Agency Name**

**Transit Policies and Procedures**

|  |  |
| --- | --- |
| **Subject** | Passenger Complaints/Comments |
| **Section** | Customer Service |
| **Effective Date** |  |
| **Approved By** |  |
| **Approval Date** |  |

**Purpose**

Create a method for passengers to communicate complaints and comments to the Agency.

**Procedure**

Develop a standard Complaint/Comment Form for passengers to use for lodging complaints, making suggestions, or complimenting the Agency and/or its employees. Passengers can also call the Agency to file complaints or to make comments. The staff member who answers the call shall document it on the Complaint/Comment form and submit the form to the Transit Director. Forms must be forwarded to the Transit Director within 24 hours of their receipt or completion.

For all received complaints, the Transit Director shall immediately launch an investigation to determine if each complaint is valid. For valid complaints, the Transit Director shall provide a written resolution to the passenger within ten days. If the passenger is not satisfied with the resolution, they may present their complaint to the Agency’s governing board within thirty days of date on the written resolution. The governing board shall hold a meeting to discuss the complaint and make a final decision to resolve the issue. Their final written decision shall be sent to the complainant within seven days of the meeting.

The Transit Director shall log all comment forms and written resolutions. The Transit Director shall also provide any staff training/retraining that is needed and administer and document disciplinary action if required.

Compliments and thank you notes shall be shared with all employees and posted on the employee bulletin board. Comments and suggestions shall be discussed during monthly staff meetings.

**Responsibilities**

The Transit Director is responsible for reviewing all complaints and for ensuring that they are resolved in accordance with this policy. The Transit Director is also responsible for considering all comments and for sharing all compliments.

**Example**

See attached template.

**Complaint/Comment Form**

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| **Contact Information** | |
| **Name:** | |
| **Address:** | |
| **Telephone (Home or Cell):** | **Telephone (Work):** |
| Electronic Mail Address: | |

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| **Complaints** | | | | | | | | |
| Are you filing this complaint on your own behalf? | | | | | Yes | | No | |
| If not, please supply the name and relationship of the person for whom you are complaining: | | | | |  | | | |
| Please explain why you have filed for a third party: | | |  | | | | | |
|  |  |  | |  | | | |  |
| Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. | | | | | Yes | | | No |
| Date of Alleged Incident (Month, Day, Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Explain as clearly as possible what happened and why you are making a complaint. Describe all persons who were involved. Include the names and contact information of involved individuals (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Have you previously filed a complaint with this agency? | | | | | Yes | No | | |
| Name of agency complaint is against: | | | | | | | | |
| Contact person: | | | | | | | | |
| Title: | | | | | | | | |
| Telephone number: | | | | | | | | |

Attach any written materials or other information that you think is relevant to your complaint.

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| **Comments** |
| Share comments, suggestions, and compliments below. Include the names of involved individuals (if known). If more space is needed, please use the back of this form.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Signature and date required below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Please submit this form in person at the address below or mail to:

<**CONTACT PERSON**>

<**AGENCY**>

<**AGENCY ADDRESS**>