

LAKE COUNTY COMMUNITY TRANSPORTATION COORDINATOR CUSTOMER COMPLAINT FORM

Date: _____ Customer Name: _____ Complaint Number: _____

Customer Address: _____

Customer Phone #: _____ Date of Incident: _____ Time of Incident: _____

Time Call Came In: _____ Call Taken By: _____

<i>Nature of Complaint/Compliment/Inquiry:</i>

<i>Codes:</i> <i>(Circle all that apply)</i>			
Running Late	Ride Time	Careless/Reckless Driving	Communication/Procedures
Driver Attitude/Conduct	Bus Did Not Show	Securement	Other
Compliment	Suggestion		

<i>Investigate Results:</i>

<i>Action Taken:</i>		
Investigated By: _____	Driver/Employee: _____	Date of Response: _____
Valid/Not Valid: _____	Driver Counseling: _____	Response By: _____
Date Logged: _____	Disciplinary Action: _____	Response Type: _____ <i>(phone, fax, report, etc.)</i>