## **Complaint/Commendation Form**

## Please complete and fax to Community Transit of Delaware County, Inc. at 610.490.3992 attn: Lisa S Soltner, Director of Operations

Passenger's Name:	Passenge	Passenger's ID #:	
Incident Date:	Pick Up Time: Actual Pick Up Time:		
Vehicle Number:	_ Driver's Name:		
Agency:			
Agency Representative:	Telephone Number:		
Instructions: Circle all items that apply and	d explain. Use reverse side if necessary.		
On-Time Performance:	Lack of Professionalism:	Trip Scheduling:	
Pick-up was:	Driver	Not in computer	
More than 20 minutes early	Vehicle Escort/Aide	Wrong date/time/destination	
More than 35 minutes late	Dispatcher	Wrong type of vehicle sent	
More than 60 minutes late	Customer Service Representative	Standing order unavailable	
Other:	- Francisco Contractor		
<u> </u>	Driving:	Vehicle:	
Passenger rode on vehicle too long	Too fast/reckless	Dirty	
Vehicle never showed	Lack of driver assistance	Heating/Air Conditioning	
		Securement/Belts	
Other:	Driver smoking		
	Passenger not safely secured in vehicle	Other:	
	Driver not parking so that passenger may safe	ly	
Passenger arrived at destination:	embark/disembark vehicle		
More than 35 minutes late		Commendation:	
More than 60 minutes late	Dispatch/Customer Service:	Driver	
Did not arrive at program at all	Inaccurate information given	Vehicle Escort/Aide	
Other:	Inability to contact driver via radio for ETA	Dispatcher	
		Customer Service Representative	
	Phones:	Other:	
	On hold longer than 12 minutes		
	Busy signal		
	No answer		
	·	•	
A 11:4: 1 C			
Additional Comments:			

For Community Transit Use Only:			
Assigned to:	for investigation on//		
Response to:	no later than/		
"Q" Incident Number:			
What follow-up is needed?			
Follow-up completed by:	on/		