



2924 DONAHOE DRIVE
ASHTABULA, OHIO 44004
(440) 998-1110

COMPLAINTS / CONCERNS:
CAROL LENNON
ADA Transportation Coordinator
(440) 994.2502
EMAIL: Carol.Lennon@jfs.ohio.gov
FAX (440) 998-1538

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.

CUSTOMER INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____

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

TELL US ABOUT YOUR COMPLAINT

NAME OF COMPANY YOU EXPERIENCED THE INCIDENT WITH:

- SENIOR LEVY PROGRAM CITY CAB ACTS
- DISABILITY RELATED YES? NO? RICHMOND TRANSPORTATION
- 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) _____

LOGISTICS

VEHICLE TYPE: PASSENGER CAR MULTI PASSENGER VAN BUS OTHER

DATE OF INCIDENT _____ TIME OF INCIDENT _____

DESTINATION: (TO) _____

(FROM) _____

POSSIBLE REASONS FOR THE COMPLAINT

PROVIDER/DRIVER WAS RUDE DRIVER WAS DISCOURTEOUS INAPROPRIATE 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_____

Multiple horizontal lines for providing a detailed account of the incident.

SIGNED _____

DATE _____

COMPLAINT RECEIVED BY _____

DATE COMPLAINT RECEIVED: _____

INVESTIGATIVE FINDINGS

(Agency Use Only)

UNFOUNDED

SUBSTANTIATED

Multiple horizontal lines for providing investigative findings.

SUBMITTED BY:

Carol Lennon
Ashtabula County Job and Family Services
2924 Donahoe Drive
Ashtabula, Ohio 44004
Office (440) 998-1110 Ext. 2502
Toll Free (800) 935-0242
Fax (440) 994-2025
Carol.Lennon@jfs.ohio.gov