

# Schoharie County ARC / ARC of NY

## Transportation Services

Pick up Location: \_\_\_\_\_

Nature of Report:

Report Taken:

\_\_\_\_\_

Commendation

Phone

Program Name: \_\_\_\_\_

Complaint

In Person

\_\_\_\_\_

Service Request

Writing

Report Taken By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ am/pm

Incident Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ am/pm

Bus#: \_\_\_\_ Driver: \_\_\_\_\_ Reported By: \_\_\_\_\_ Phone: \_\_\_\_\_

If complaint, check nature of complaint:

Service Problem:

Driver Problem:

Vehicle Problem:

Safety:

Bus Running Late

Discourteous

Cleanliness

Accident

Bus Running Early

Pass Up

Heat/AC

Careless Driving

Bus Did Not Show

Off Route

Road Call

Wheelchair  
Securement

Wrong Destination

Smoking

Wheelchair  
Lift

Safety

Other

Appearance

Other

No Assistance

Other

Other:

Unlisted Complaint

Description:

Investigated By: \_\_\_\_\_

Date: \_\_\_\_\_

Specifics/Findings:

Valid: Yes  No  Unknown

Corrective Action Required? Yes  No

Specifics:

Consumer Notification: Yes  No  If Yes, Date: \_\_\_\_\_

How? By Phone  In Person  In Writing (attach)

Comments:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_