**SOUTHWEST TRANSPORTATION SERVICES**

**EXTERNAL SERVICE COMPLAINT**

**PART I - COMPLAINANT INFORMATION** (Print all items legibly.)

|  |  |  |
| --- | --- | --- |
| **Name** | | **Telephone** |
| **Street Address/P.O. Box** | | **Email Address** |
| **City** | **State** | **Zip Code** |

**PART II – COMPLAINT BASED ON** [Check all appropriate box(s).]

□Driver Conduct/Attitude □Late/Tardy □Early □Did Not Show □Telephone/Dispatch □Careless Driving/Comfort □Disturbance on Bus □Air Conditioning/Heating □Vehicle Maintenance □Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART III - THE PARTICULARS ARE:** (Include names, dates, places, and incidents involved in the complaint.) [If additional space is needed, attach extra sheet(s).]

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**PART IV - REMEDY SOUGHT** [State the specific remedy sought to resolve the issues(s).]

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**PART V - VERIFICATION**

Complainant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions for Completing External Complaint Form**

**GENERAL**

1. Instructions provided within this form are not meant to be all inclusive. Any person or group(s) of persons filing external service complaints are responsible for all procedural requirements contained in the external complaints.

If this is a complaint regarding Title VI (race, color or national origin) or other Nondiscriminatory Statutes/Executive Orders (sex, disability, limited English proficiency, age or income status) complete the External Complaints of Discrimination form.

1. Complainants **must** include all required information and **must** meet all timeframes as defined in the Southwest Transportation Services External Complaint Procedure.
2. Legible copies of all available pertinent documentation should be attached to this form.
3. All inquiries should be directed to the Director of Southwest Transportation Services, 207 1st Street SE, PO Box 16, Bowman, ND 58623. Telephone number is 701-523-3241; fax is 701-523-3860.

**PART I**

Complete all information in this section.

**PART II**

Check all boxes that apply indicating the basis for the complaint. If the complaint type is not listed, select “Other” and describe.

**PART III**

State the specific complaint in a manner that clearly identifies the issues upon which the complaint is based.

**PART IV**

State the minimum remedy acceptable for resolution of this complaint.

**PART V**

Sign and date this section to verify the information contained in Parts I through IV.

**Service Complaints Procedure**

Service complaints should be resolved through informal resolution when possible. If informal means are not satisfactory, the following steps may be taken.

1. Persons who wish to place a service complaint must complete the form and submit it to the Agency’s Director within 10 working days of the incident.
2. While the above indicates a complaint should be in writing and signed, Southwest Transportation Services will accept complaints in alternate formats from persons with disabilities, upon request.
3. The Director has the option to request additional information from the complainant and any other persons involved in the incident.
4. The Director will investigate the alleged complaint and shall respond to the complainant in writing within 10 working days.
5. The Director will log complaints, findings, and any corrective action, if needed.
6. If the complaint is not resolved satisfactorily to the complainant, the complainant may contact the Board to review the complaint. The Board must be contacted within 10 working days of the date of issuance of the written determination by the Agency Director.
7. The Board will investigate the complaint and respond within a MAXIMUM 30 days in writing. All decisions made by the Board are final.