



Secure Transportation Complaint Form

Date and Time of Complaint: _____ / _____ / _____ Time: _____ a.m./p.m.

All complaints filed against a Secure Transportation Service may be subject to the Colorado Open Records Act and subject to public disclosure.

1. Complainant's Information:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ (business)

_____ (mobile)

Email Address: _____

2. Is the complaint on behalf of: Yourself
 Someone Else

If for someone else, who? _____

What is their relationship to you? _____

3. Basis of Complaint: Client Rights Staff/Personnel
 Response Time Unlicensed Service/
Unpermitted Vehicles
 Other: _____

4. What is the name of the Secure Transportation Service? _____

5. When did the event(s) of concern occur?

Date: _____ / _____ / _____ Time: _____ a.m./p.m

6. Is the problem ongoing: Yes
 No

7. Is the individual still receiving care
as a result of the incident? Yes
 No

8. What is the individual's condition now? _____

9. Was anyone else involved in the incident (i.e., other staff, family, friends, law enforcement,
fire personnel, receiving facility staff, physicians or bystanders)?
 Yes No

10. Were there any witnesses to the incident?
 Yes No

If there were witnesses, who were they? _____

11. Do you have any evidence of the incident (i.e., pictures, video or audio recordings)?
 Yes No

If yes, are you willing to provide these as part of the investigation into the incident?
 Yes No

12. Have you taken any additional actions?
 Yes No

If yes, what actions have you taken? _____

13. Have you spoken with anyone from the Secure Transportation Service?

Yes

No

If yes, who did you speak with? _____

14. Has the Secure Transportation Service tried to address the situation?

Yes

No

If yes, what has been done? _____

15. What prompted this complaint? Please describe what happened and include additional pages if necessary.

16. Are there any law enforcement agencies involved?

Yes

No

Please name the law enforcement agency/agencies involved:

Submitted by:

Signature: _____

Printed Name: _____

Date: _____

Preferred Method of Contact:

Email

Phone

If you have any questions regarding this form or about the process, please contact the Jackson County Administrators Office at smartin@jacksoncountyco.gov or 970-723-4660. Completed forms can be returned to Admin Office c/o Secure Transportation, PO Box 1019, Walden, CO 80480.