Cape Cod Regional Transit Authority

Complaint and Incident Resolution Procedure

To ensure that all customers of the Cape Cod Regional Transit Authority receive safe, reliable, and satisfactory transportation services from CCRTA, the transportation providers, and subcontractors who are under contract with CCRTA. The Authority established a complaint and incident resolution procedure to manage all transportation related complaints and incidents. The Authority’s intent is to handle all complaints and incidents in a timely manner and to the satisfaction of the Authority and the CCRTA customer.

Complaints or Incidents

- All customer complaints and incidents are referred to one of the Call Center Customer Service Representatives and recorded on the CCRTA Complaint Report. The customer service representative will investigate and work to resolve the complaint or incident.
- If the customer service representatives is unable to resolve the complaint or incident, or determines that it is of a more serious nature it is referred to the Call Center Supervisor.
- The Call Center Supervisor will also investigate and work to resolve the complaint or incident. Information pertaining to the complaint/incident is shared with the Manager and/or his/her assistant.
- If the Call Center Supervisor is unable to resolve the complaint/incident it is referred to the Manager.
- The Manager will work to resolve the complaint/incident. Information pertaining to the complaint/incident is shared with the CCRTA Administrator.

Actions

It is the practice of CCRTA to take immediate action on all complaints and incidents that are received, and to process them in the following manner.

- All complaints both verbal and written are documented on the CCRTA Complaint Sheet and reported to the Administrator.
- Additional investigations of any complaint or incident may be conducted if deemed appropriate by the Administrator.
ATTACHMENTS:

1. CCRTA Complaint Tracking Sheet
2. CCRTA Incident Report
COMPLAINT TRACKING SHEET

Service: Route____ HST___ ADA___ DART___ Transportation Provider___________

Agency: MH___ DMR___ DPH___ DMH___ DDS ___Other______________________

Complaint received by: _________________________________ Date: ___________

Contact information: Name: _____________________ Phone no: ________________

Nature of complaint: _____________________________________________________

Details: ________________________________________________________________

______________________________________________________________

Complaint resolved: Yes___ No___ If no, complaint referred to: _________________

Additional information: __________________________________________________

______________________________________________________________

Resolution date: ________________

Resolution details: _______________________________________________________

______________________________________________________________

Actions: ________________________________________________________________

______________________________________________________________

Agency notification: Date: ________________ Agency contact: ________________

Authorized signature: ______________________________ Date: ________________
INCIDENT REPORT

Incident involving: Name _________________________________________________
Address: Street _______________ Town _______________ Zip _______
Transportation Provider: _________________________________________________
Trip information:
Date: __________ Time: __________ Route no: _______ Driver: _________________
Origin: ______________________________ Destination: _________________________
Describe Incident:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Injured Persons:
(Name)                                             (Address)                                     (Phone no)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Name of person filling out report: ________________________________

Date: ______________________                            Time: ________________________

This Incident Report is to be Faxed to CCRTA at (508) 771-4496, mailed to CCRTA P.O. Box 1988, Hyannis, MA 02601, or e-mailed to Linda Landry at llandry@capecodrta.org.

Witnesses:
(Name)                                             (Address)                                     (Phone no)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

CCRTA Review

Reviewed by: _______________________________ Date: _______________________
Comments:
________________________________________________________________________
________________________________________________________________________

Actions:_________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Agency notification: Date: ___________ Agency contact: _______________________

Authorized signature: ______________________________ Date: __________________