Attachment F

Cape Cod Regional Transit Authority

Complaint Resolution Procedure

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

Complaints or Incidents

- All customer complaints and incidents are recorded in the Trapeze MT complaint tracking software, printed out and referred to a CCRTA customer service representative.
- Complaints and incidents involving agency consumers are reported to the agency.
- The customer service representative will work to resolve the complaint or issue with the CCRTA customer.
- If the customer service representative is unable to resolve the complaint or issue, or determines that it is of a more serious nature the customer is referred to a manager.
- If the manager is unable to resolve the complaint or issue the customer is referred to the human service transportation coordinator.
- Complaints received by a CCRTA human service transportation coordinator are investigated and when possible resolved. Information pertaining to the complaint is shared with the CCRTA administrator.
- If the human service transportation coordinator is unable to resolve the complaint or issue the customer is referred to 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 and incidents both verbal and written are documented in the Trapeze MT software, and after an acceptable resolution is reach the

Trapeze MT software is updated and the documentation is filed in complaint file with copies to the transportation providers file and agency file (if appropriate).

- If it is determined that the complaint or issue is related to the safety or the efficient transportation of the customer the customer is moved immediately to another Transportation Provider.
- Customers are moved to another provider if the Transportation Provider is unable to provide CCRTA with an acceptable defense to the complaint or issue that was reported.
- CCRTA reviews previous complaint history of the Transportation Provider or customer and any mitigating circumstances which may apply and all actions that violate the Transportation Provider Performance Standards.
- Penalties and Fines may be imposed as outlined in the Transportation Provider Accountability Policy that is part of the Transportation Provider's contract with CCRTA.
- Further actions may be taken by CCRTA that include:
  A) Targeted auditing of a specific Transportation Provider, which may include active transportation monitoring in the field, Desk Audits, or other appropriate actions.
  B) Conducting a full Customer survey for the customers assigned to the Transportation Provider.
  C) Formal contract notices and actions may be issued.
- Full investigations of any complaint or issue may be conducted if deemed appropriate.
- Right to appeal adverse resolutions to the Deputy Rail and Transit Administrator, Massachusetts Department of Transportation.

COMPLAINT TRACKING
WORK SHEET

Service: Route____ HST___ ADA___ DART___ Transportation Provider_____

Agency: MH___ DDS___ DPH___ ES___ VNA ___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: _____

HST INCIDENT REPORT

This Incident Report is to be Faxed to CCRTA at (508) 775-8513, mailed to CCRTA P.O. Box 1988, Hyannis, MA 02601 or e-mailed to Kathy Jensen at kjensen@capecodtransit.org .

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

_____

_____

_____

_____

CCRTA Review

Reviewed by: _____ Date: _____
Comments:

_____

_____

Actions:_____

_____

_____

Agency notification: Date: _____ Agency contact: _____

Authorized signature: _____ Date: _____

This Section Is To Be Completed By Vendor:			
CONSUMER NAME (S): First and Last Name			VENDOR:
DATE OF INCIDENT:	TIME OF INCIDENT:	TIME OF REPORT:	PROGRAM/ROUTE #
DRIVER NAME:	MONITOR NAME:		WITNESS(es):
REPORTER NAME:		REPORTER SIGNATURE:	
OTHER CONSUMERS INVOLVED:			
None			

NOTIFICATIONS:					
Broker: Yes x☐ No ☐	Name Person Notified: Paula George	Day Program: Yes x☐ No ☐	Name Person Notified:	Residence: Yes x☐ No ☐	Name Person Notified:

DESCRIPTION OF INCIDENT:

NAMES OF PERSONS NOTIFIED (To Be Completed By HST Staff)	
SERVICE COORDINATOR:	AREA OFFICE:
SERVICE COORDINATOR SUPERVISOR:	CSD/AREA DIRECTOR:

REQUIRED REVIEWS (FOR DMR USE)	
SUPERVISOR NAME:	SUPERVISOR SIGNATURE:
SERVICE COORDINATOR NAME:	SERVICE COORDINATOR SIGNATURE:

COMMENTS (FOR DMR/HST USE)

(Please use reverse side if necessary)