



## COMPLAINT RESOLUTION POLICY

The purpose of the Complaint Resolution Policy is to protect the client and customer's rights, including the right to comment and complain; provide an efficient and fair process for resolving client and customer complaints; and to monitor complaints in an effort to improve the quality of operations and services STAR Transit provides. This policy will provide STAR Transit the opportunity to provide service and satisfaction to dissatisfied clients and customers; ensure a consistent method of management; monitoring, and reporting of complaints; and identify areas that need improvement.

### **DEFINITIONS:**

**Complaint:** An expression of dissatisfaction or concern regarding the services, operating procedures, staff, or complaint handling process made by a client or customer.

**Complainant:** The person making the complaint.

**Client and customer:** The person or entity receiving service or otherwise engaged in a business relationship with STAR Transit.

**Complaint Log:** Electronic or paper records of all incoming complaints, including information on the complainant.

All complaints should be resolved within seven (7) days, sooner being preferred. A service complaint can be considered resolved when the problem that caused the complaint is corrected. Instances where a problem initially appeared to be a complaint but is genuinely resolved with a simple clarification of policy and standard operating procedure should not be considered a complaint. STAR Transit reserves the right not to act on any complaint(s) which are considered frivolous and outside the letter and/or spirit of the definition of service complaint.

Service complaints may include but are not limited to: late trips, no shows, client behavior, staff behavior, passenger discomfort, dissatisfaction with vehicles, or services denied without an explanation as to the reason.

Service complaints may arise from members of the public, STAR Transit users, potential users, sponsoring agencies, non-sponsoring agencies, transportation staff or anyone directly or indirectly affected by STAR Transit service. Service complaints are documented by use of the Service Comment Form.

Some service complaints can be resolved while speaking with the client. Others will require research in order to be resolved. The response shall be in writing explaining how a service complaint is being handled and reason for response.

If the complainant is not satisfied with the results, they may request an appeal for review by the Executive Director in an attempt to resolve the problem to their satisfaction. Should this not resolve the issue, the complainant can request to speak to the Board of Directors at a board meeting.

ADA Complaints are recorded and housed with all service complaints but show indications of ADA within the code provided at the time of recording. This process will help identify ADA complaints. The ADA Complaint Process can be found in Board Policy # 62.

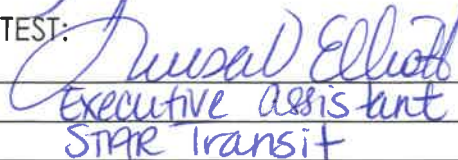
All complaints received are given to the Complaint Resolution Officer (CRO). The CRO will review, log with complaint description and code. The complaint will then be classified as a service complaint, Policy/SOP Complaint, ADA Complaint or Title VI Complaint. Title VI complaints are logged and housed separately from all other complaints. Refer to Board Policy # 119 for Title VI Complaint Process.

Compliments, suggestions, comments and internal comments are also coded and recorded within the same file.

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On this 18<sup>th</sup> day of February, 2020, STAR Transit Board of Directors approved the revisions of this Policy.

  
\_\_\_\_\_  
Roy Ferrell, Board Chairman

ATTEST:   
\_\_\_\_\_  
Executive Assistant  
STAR Transit  
\_\_\_\_\_



## SERVICE COMMENT FORM

### SECTION1: TYPE OF COMMENT (Choose One)\*

Compliment___	Suggestion___	Complaint___	Other_____	ADA Related? Y / N
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### SECTION2: CONTACT INFORMATION

Salutation [Mr./Mrs./Ms., etc.]: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Accessible Format Requirements:	Large Print___	TDD/Relay___	Audio Recording___	Other_____
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### SECTION3: COMMENT DETAILS

Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_

Name of Employee or Others Involved: \_\_\_\_\_

Vehicle ID/Route Name or Number: \_\_\_\_\_

Direction of Travel: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Mobility Aid Used (if any): \_\_\_\_\_

If above information is unknown, please provide other descriptive information to help identify the employee: \_\_\_\_\_

Description of Incident or Message: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SECTION IV: FOLLOW UP

May we contact you if we need more details or information?	YES	NO
What is the best way to reach you? (Choose One)*	Phone	Mail
If a phone call is preferred, what is the day and time to reach you?		

### SECTION V: DESIRED RESPONSE (Choose One)\*

Telephone response\_\_\_

Email Response\_\_\_

Response by U.S. Postal Mail\_\_\_



## Formulario de Comentario de Servicio

SECCIÓN 1: TIPO DE COMENTARIO (Elija Uno)*				
Cumplido__	Recomendación__	Queja__	Otro__	Relacionado ADA? S / N
SECCIÓN 2: INFORMACIÓN DE CONTACTO				
Saludo [Sr./Sra./Srta., etc.]:				
Nombre:				
Ciudad, Estado, Código Postal:				
Teléfono:		Correo Electrónico:		
Formato accesible			Grabación de	
Requisitos:	Impresión Gran__	TDD/Relé__	Audio__	Otro:_____
SECCIÓN 3: COMENTARIO DETALLES				
La Fecha del Incidente:		La Hora del Incidente:		
Nombre del Empleado u Otras Partes Implicadas:				
El Vehículo ID/Nombre de Ruta o Número:				
La Dirección de Viaje:				
El Sitio del Incidente:				
Ayuda de Movilidad Utilizado (si hay alguno):				
Si la información anteriormente es desconocida, favor de proveer otra información descriptiva para ayudar a identificar al empleado:				
La Descripción del Incidente o Mensaje:				
SECCIÓN IV: EL SEGUIMIENTO				
Podemos ponernos en contacto con usted si necesitamos más detalles o información?		SÍ	NO	
¿Cuál es la mejor manera de contactar a usted? (Elija uno)*		Teléfono	Correo Electrónico	Correo
Si una llamada es preferido, cuál es el día y la hora para llamar a usted?				
SECCIÓN V: RESPUESTA DESEADA (Elija Uno)*				
Respuesta Telefónica__				
Respuesta del Correo Electrónico__				
Respuesta del Correo Postal de EE.UU.____				