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

Completed forms can be returned to the Pueblo County Attorney’s Office at co.attty@pueblocounty.us or 215 W. 10th Street, Room 302A, Pueblo, Colorado 81003.