



La Plata County
Colorado

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.

Your information:

Name: _____

Address: _____

Contact information: _____(phone) _____(email)

Is the complaint on behalf of: Yourself Someone else

If for someone else, who? _____

What is their relationship to you? _____

Basis of complaint: Client rights Response time

Staff/personnel Unlicensed service/Unpermitted vehicle(s)

Other: _____

What is the name of the secure transportation service? _____

When did the event(s) of concern occur? Date: _____/_____/_____

Time: _____(a.m.) (p.m.)

Is the problem ongoing? Yes No

Is the individual still receiving care as a result of the incident(s)? Yes No

What is the individual's condition now?

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

Were there any witnesses to the incident(s)? Yes No

If there were witnesses, who were they?

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

Have you taken any additional actions? Yes No

If yes, what actions have you taken?

Have you spoken with anyone from the secure transportation service? Yes No

If yes, who did you speak with? _____

Has the secure transportation service tried to address the situation? Yes No

If yes, what has been done?

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

Are there any law enforcement agencies involved? Yes No

Please name the law enforcement agency/agencies involved:

Please specify your preferred method of contact:

Email

Phone

If you have questions regarding this form or about the process, please contact La Plata County Licensing Coordinator at logan.kinser-martin@co.laplata.co.us or (970) 382-6252.