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.

Complainant’s Information:
Name: _______________________________________________________________________
Address: _____________________________________________________________________
City/State/Zip: ___________________________________________________________________
Telephone: ______________________________________________________________________
(mobile)
Email Address: ____________________________________________________________________

Is the complaint on behalf of: • Yourself
• Someone Else

If for someone else, who? _______________________________________________________
What is their relationship to you? ________________________________________________

1. Basis of Complaint: • Client Rights
   • Response Time
   • Staff/Personnel
   • Unlicensed Service/Unpermitted Vehicles
   • Other: ____________________________________________
   ____________________________________________________________
2. What is the name of the Secure Transportation Service? ___________________________
________________________________________________________________________

3. When did the event(s) of concern occur?

   Date: _______ / ______ / _______  
   Time: _______ a.m./p.m

4. Is the problem ongoing:  
   • Yes 
   • No

5. Is the individual still receiving care as a result of the incident?  
   • Yes 
   • No

6. What is the individual’s condition now?  
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

7. 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

8. Were there any witnesses to the incident?  
   • Yes  
   • No

   If there were witnesses, who were they?  
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

9. 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

10. Have you taken any additional actions?

- Yes  
- No

If yes, what actions have you taken? 

____________________________________________________________________
____________________________________________________________________

11. Have you spoken with anyone from the Secure Transportation Service?

- Yes  
- No

If yes, who did you speak with? 

____________________________________________________________________

12. Has the Secure Transportation Service tried to address the situation?

- Yes  
- No

If yes, what has been done? 

____________________________________________________________________
____________________________________________________________________

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

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

____________________________________________________________________
14. 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

If you have any questions regarding this form or about the process, please contact the San Miguel County Licensing Coordinator at bocc@sanmiguelcountyco.gov or 970-728-3844.