



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

If you have any questions regarding this form or about the process, please contact the Teller County Licensing Coordinator (OEM) at OEM@co.teller.co.us or 719-686-7990. Completed forms can be returned to the Licensing Coordinator (OEM), 112 North "A" Street, Cripple Creek, CO 80813.