
ADAMS COUNTY SECURE TRANSPORT COMPLAINT FORM

What is the name of the Secure Transportation Service? _____

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

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

Is the problem ongoing? Yes No

Is the client receiving medical care as a result of the incident(s)? Yes No

What is the client's condition now?

Was anyone else involved in the incident(s), such as other staff, volunteers, family, friends, other patients, law enforcement, fire personnel, physicians, or bystanders? Yes No

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

If there were witnesses, who were they?

Have you taken any actions? Yes No

If so, what actions have been taken?

Did you speak with anyone from the Secure Transportation Service? Yes No

If so, who did you speak with and when?

Has the Secure Transportation Service tried to address the situation? Yes No
If so, what has been done, if anything?

Are any law enforcement agencies involved? Yes No

Agency(ies) Name(s): _____

Do you know if the incidents have happened before? Yes No If so, please explain:

May we contact you again if further questions arise? Yes No
If yes, please provide contact details

OFFICE USE ONLY

Complaint information taken by (please print): _____

Comments

NOTIFICATIONS:

- Adams County's Secure Transportation Program Director notified in writing.

Date sent:

Date due back to the Program Coordinator with Resolution:

Secure Transportation Service Administrator notified.

Date sent:

Sent to:

- CDPHE notified (if staff or Secure Transportation Service Administrator complaint).

Date sent:

Sent to: _____

- Colorado Department of Regulatory Agencies (DORA) notified (if about complaints regarding licensed or certified staff members associated with the secure transportation service).

Date sent:

Sent to: _____

- Law Enforcement notified if required.

Date sent:

Sent to: _____

- Board notified.

Date sent:

Sent to: _____

- Other Counties involved notified (if applicable).

Date sent:

Sent to: _____

RESOLUTION:

Secure Transportation Program Director investigation and resolution documentation received on Date:

Case closed on:

Closed by : _____

Signature: _____