

RIDER COMMENT/COMPLAINT/GRIEVANCE FORM



To be completed by Transportation Mgr.	
_____ Phone	_____ Raymond
_____ Follow-up	_____ Newmarket
_____ Service	_____ Nashua
_____ Clinical	
_____ Access	
_____ Wait Time	_____ Billing
Other: _____	

PERSON MAKING COMMENT/COMPLAINT:

Name _____

Telephone Number _____ Date _____

NATURE OF COMPLAINT:

Completed by: _____

Date: _____

ROUTE TO SITE HUMAN RESOURCES DIRECTOR

COMMENTS - ADD'L INFORMATION: (by Transportation Manager and/or appropriate involved staff)

Completed by: _____ Date: _____

FOLLOW-UP including action taken internally to address problem, if any: (by Human Resources Director and/or Transportation Manager)

Signature:

Date:

COMMUNICATION WITH RIDER/PERSON FILING COMPLAINT:

Resolution with rider. (If no, please comment why).

Signature:

Date: