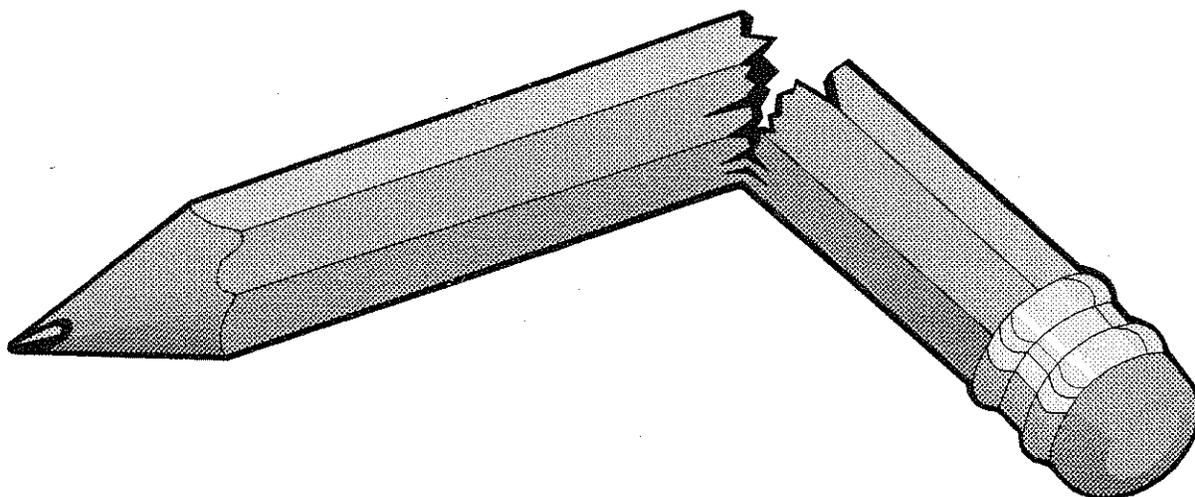


**COMMISSION FOR THE TRANSPORTATION  
DISADVANTAGED**

**UNIFORM SERVICE REPORTING**



**JANUARY 1996**

## ***UNIFORM SERVICE REPORTING***

- I. INTRODUCTION
- II. DEFINITION OF COMPLAINT
- III. VALIDITY DETERMINATION
- IV. HOW TO COMPLETE THE SERVICE REPORT FORM
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## I. Introduction

The Commission and the Agency for Health Care Administration began working on Medicaid transportation reform in July 1995. The "Joint Monitoring" workgroup developed a uniform service reporting procedure to be used by all CTCs. This process includes a complaint definition, a service reporting form and procedures for resolving the service report. The uniform reporting procedures were approved by the Commission along with the other workgroup recommendations. This training manual will provide you the necessary information to implement the uniform service reporting procedures.

## II. Definition of Complaint

Any consumer concern involving timeliness, vehicle condition, quality of service, personnel behavior, and other operational policies should be considered a complaint and should be addressed by the appropriate personnel. Any complaint, verbal or written, should be researched to determine the validity.

The resolution to complaints will vary depending on each situation. Some complaints can be resolved while speaking with the consumer and others will require research in order to be resolved. The proceeding chart depicts how certain complaints should be handled.

Received from	Response	When	Timeframe
Consumer	Verbal/Written	Quick Resolution	Immediately
	Verbal/Written	Critical	Within ten (10) working days
Agency	Verbal/Written	Depends on agency	Within ten (10) working days
Legislative	Written	Depends on issue	When situation is resolved. ASAP

### **III. Validity Determination**

A valid complaint must contain: consumer name, phone number and/or address, occurrence date and time( if time is available), and must be related to :service, policy and/or vehicle issues. If the consumer wants to remain anonymous, the validity is questionable. However, the complaint may still need to be researched.

### **IV. Completing the Service Report Form**

The Service Report Form should be completed for all valid complaints received that can not be resolved while speaking to the consumer. Figure 1 is the Service Report Form developed by the workgroup. If the current format utilized for service reporting includes all of the information listed in Figure 1, there is no need to adopt this form. However, if the current format does not include the necessary information, a revision of the current form must be made or the adoption of the sample may be used.

### **V. Measuring Customer Satisfaction**

Continual and/or unresolved complaints may be an indication of an operational issue that needs to be addressed. Therefore, the service reports should be summarized on a periodic basis and presented to the LCB. Also, the LCB should be made aware of any complaints that are serious and/or unresolved. The summary of the service reports can serve as a measure of customer satisfaction. Based on the Commission approved standards, a performance measure for the number of complaints received should be addressed in the future service plan (e.g.- The CTC will have no than 1.2 complaints per 1000 trips). This measure can also be used by the LCB in the annual evaluation of the CTC. Further, CTCs with contracted operators can use this information to evaluate the renewal of operator contracts. The acceptable level of complaints should be determined by the CTC, LCB and planning staff.



Follow up Date 17 Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ 18 \_\_\_\_\_ Date \_\_\_\_\_

Findings (attach statements of parties involved) \_\_\_\_\_ 19 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

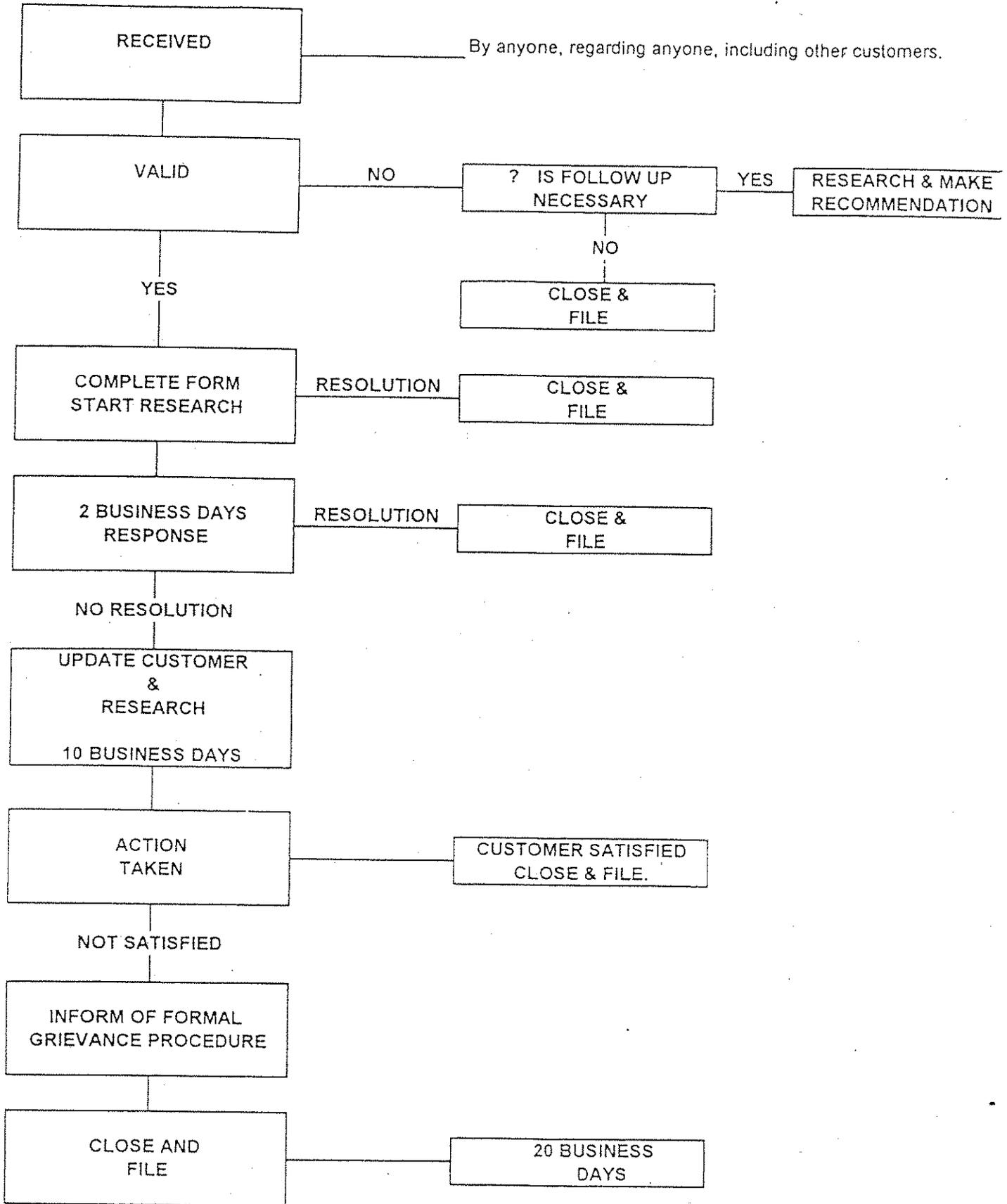
Signature \_\_\_\_\_ 20 \_\_\_\_\_ Date \_\_\_\_\_

<b>RESOLUTION</b>	
<b>ACTION TAKEN/DATE</b> _____	<b>21</b>
Was corrective action necessary? Y ___ N ___ Explain: _____	<b>22</b>
Is customer satisfied with resolution? Y ___ N ___ Unknown ___	<b>23</b>
<b>IF NO, INFORM CUSTOMER OF FORMAL GRIEVANCE PROCEDURES</b>	
Did customer file a formal grievance? Y ___ N ___ Unknown ___	<b>24</b>
Signature _____	25 _____ Date _____

## INSTRUCTIONS FOR COMPLETING THE SERVICE REPORT

1. INTERNAL LOG NUMBER ASSIGNED
2. DATE REPORT RECEIVED
3. TIME REPORT RECEIVED
4. NAME OF PERSON RECEIVING THE REPORT
5. CHECK APPROPRIATE BLANK
6. IF COMPLAINT, CHECK VALID SECTION "Y" "N"
7. NAME OF CUSTOMER
8. CUSTOMER CONTACT PHONE #
9. ADDRESS OF CUSTOMER
10. CAN BE USED FOR INFORMATION ON PERSON REPORTING FOR THE CUSTOMER, OR ANY ADDITIONAL INSTRUCTIONS
11. WHERE THE INCIDENT HAPPENED (CHECK ALL THAT APPLY)
12. CHECK ONE OR MORE ISSUES.
13. WHEN AND WHERE
14. REPORTED CIRCUMSTANCES
15. CHECK APPROPRIATE BLANK
- 15A. SIGNATURE AND DATE OF APPROPRIATE PERSON
16. CHECK IF CRITICAL ISSUE (PER EXAMPLES)
17. TWO BUSINESS DAY FOLLOW UP DATE AND COMMENTS
18. SIGNATURE AND DATE OF PERSON COMPLETING FOLLOW UP
19. NOTATE FINDINGS (ATTACH ALL RELATED DOCUMENTATION)
20. SIGNATURE AND DATE OF PERSON COMPLETING FINDINGS
21. NOTATE ACTION TAKEN AND DATE (*i.e.* letter sent, fine or penalty)
22. CHECK AND/OR EXPLAIN
- 23 AND 24. CHECK APPROPRIATELY
25. SIGNATURE OF PERSON FINALIZING THE ACTION

# PROCESSING THE SERVICE REPORT



## PROCESSING THE SERVICE REPORT

REPORTS MAY BE INITIATED BY ANYONE REGARDING ANYONE OR ANY SITUATION, EVEN ANOTHER CUSTOMER.

1. DETERMINE IF THE REPORT IS VALID, PER THE FOLLOWING:

MUST CONTAIN:

NAME, PHONE NUMBER AND/OR ADDRESS OF PERSON MAKING THE REPORT. (IN ORDER TO CONTACT FOR ADDITIONAL INFORMATION OR TO UPDATE ON STATUS)

OCCURRENCE DATE AND TIME (IF TIME IS AVAILABLE)

SERVICE, POLICY, OR VEHICLE RELATED ISSUES.

IF A SERVICE REPORT REMAINS ANONYMOUS, VALIDITY IS QUESTIONABLE, HOWEVER IT MAY NEED TO BE RESEARCHED.

2. IF THE REPORT IS NOT VALID, DETERMINE IF FOLLOW UP IS NECESSARY. IF YES, RESEARCH AND MAKE RECOMMENDATIONS. IF NO, CLOSE AND FILE ACCORDING TO AGENCY POLICY.

3. IF VALID, COMPLETE THE FORM AND START RESEARCH. \*

4. IF THERE IS RESOLUTION AT INTAKE (i.e. client accepting policy clarification), CLOSE AND FILE ACCORDINGLY.

5. IF THERE IS NO RESOLUTION AT INTAKE, CONTACT THE CUSTOMER WITHIN TWO BUSINESS DAYS TO UPDATE ON THE STATUS OF THE REPORT AND FOLLOW UP ON RESEARCH.

6. ACTION TAKEN: WITHIN 10 BUSINESS DAYS, THE REPORT SHOULD BE RESOLVED. RESPONSES MAY BE VERBAL OR IN WRITING ACCORDING TO AGENCY POLICY. (MAXIMUM 20 BUSINESS DAYS IF THERE ARE EXTENUATING CIRCUMSTANCES).

7. IF THE CUSTOMER IS SATISFIED WITH THE RESOLUTION, CLOSE AND FILE. IF NOT SATISFIED, INFORM THEM OF THE FORMAL GRIEVANCE PROCEDURES, CLOSE AND FILE.

EACH AGENCY'S POLICY SHOULD DETERMINE WHETHER A RESPONSE TO THE SERVICE REPORT MAY BE VERBAL OR IN WRITING. HOWEVER, IF THERE IS ANY DOUBT ABOUT THE CUSTOMER'S SATISFACTION, WRITE IT UP.

\* ALL CRITICAL ISSUES MUST BE WRITTEN UP AND BE HANDLED IMMEDIATELY WITH SUPERVISORY ACTION; I.E. PHYSICAL, VERBAL OR SUBSTANCE ABUSE, ANY LIFE THREATENING SITUATION (RECKLESS DRIVING, CLIENT ABANDONMENT, ACCIDENT/INCIDENTS).