Community First Solutions/ The Fleet

ADA CONSUMER COMPLAINT FORM

FTA C 4710.1 Chapter 12 – Oversight, Complaints, and Monitoring Attachment Page 12A-1 [Community First Fleet] is committed to providing you with safe and reliable transportation services and we want your feedback. Please use this form for suggestions, compliments, and complaints. You may also call us at [513-867-9195], visit our Customer Service Center at [140 Ross Ave. Hamilton, OH 45013], or contact us by email or U.S. postal mail at the addresses below. Please make sure to provide us with your contact information in order to receive a response. [Community First Fleet, Director of Transportation, 230 Ludlow St. Hamilton, OH 45013, 513-867-9195, egiuliano@community-first.org] Attachment 12-1 Sample Comment Form

| SECTION I: TYPE OF COMMENT (Choose One)* | | | | | | | |
|--|-----------------|-------------|---------------------|----|-----------------|----------------|---|
| Compliment | Suggestion | Compl | Complaint | | | ADA Related? Y | N |
| SECTION II: CONTACT INFORMATION | | | | | | | |
| Salutation [Mr./Mrs./Ms., etc.]: | | | | | | | |
| Name: | | | | | | | |
| Rider ID (if applicable): | | | | | | | |
| Street Address: | | | | | | | |
| City, State, Zip code: | | | | | | | |
| Phone: | | | Email: | | | | |
| Accessible Format Requirements: | | Large Print | TDD/Relay | | Audio Recording | Other | |
| SECTION III: COMMENT DETAILS | | | | | | | |
| Transit Service (Choose One) [as applicable] [Bus Subway Paratransit]* | | | | | | | |
| Date of Occurrence: | | | Time of Occurrence: | | | | |
| Name/ID of Employee(s) or | Others Involved | d: | | | | | |
| Vehicle ID/Route Name or Number: | | | | | | | |
| Direction of Travel: | | | | | | | |
| Location of Incident: | | | | | | | |
| Mobility Aid Used (if any): | | | | | | | |
| If above information is unknown, please provide other descriptive information to help identify the employee: | | | | | | | |
| Description of Incident or Message [Text box on web form for narrative]: | | | | | | | |
| SECTION IV: FOLLOW UP | | | | | | | |
| May we contact you if we no | ? | | Yes | No | | | |
| What is the best way to reach you? (Choose One)* | | | Phone | | Email | Mail | |
| If a phone call is preferred, what is the best day and time to reach you? | | | | | | | |
| SECTION V: DESIRED RESPONSE (Choose One)* | | | | | | | |
| Email response Telephone response Response by U.S. Postal Mail | | | | | | | |