

POLICY: PUBLIC TRANSPORTATION COMPLAINT AND INCIDENT REPORTING
DATE: March 2009

OBJECTIVE/PHILOSOPHY:

Standing Rock Public Transit is responsible to provide safe and dependable services. All incidents and complaints must be in written form and require immediate attention.

REFERENCE:

PROCEDURE/CONTENT:

1. Incidents
 - a. All incidents must be completely documented on the Standing Rock Public Transit *Incident Report* form and submitted immediately to the Transit Coordinator and Director and Sitting Bull College President or the Administrator in charge.
2. Service Complaints
 - a. All service complaints must be completed on the Standing Rock Transit Service *Complaint Form* and submitted to the Transit Coordinator and Director and Sitting Bull College President or the Administrator in charge.
 - b. Complaints of a serious nature will be investigated and carried out by Sitting Bull College legal counsel.
 - c. All other complaints will be investigated by the Transit Director and a report issued to the complainant within 20 working days.
 - d. If the complainant is not satisfied with the response received from the Director of Transit, they have the right to appeal the decision to the President of Sitting Bull College. Upon reviewing the complaint the President has five working days to render a decision.
 - e. The President will have the final decision on any complaint filed; unless the complaint is against the President then the responsibility will be with the Sitting Bull College Board of Trustees.
3. Discrimination Complaints
 - a. Discrimination complaints must be completed on the Standing Rock Public Transit discrimination complaint form.
 - b. All discrimination procedures are included on the Discrimination Complain Form & Procedures.

RESPONSIBILITY: Transit Director and Sitting Bull College President

REVISION DATE: October 2023

STANDING ROCK PUBLIC TRANSIT INCIDENT/ACCIDENT REPORT

NAME: _____ VEHICLE # SBC _____

VIN# _____

DATE OF INCIDENT ___/___/___ TIME ____:___ A.M. P.M. (circle one)

DESCRIPTION OF INCIDENT:

Passenger name (if applicable): _____

Location of incident: _____

- Passenger didn't show for ride
- Passenger didn't pay
- Passenger needs physical assistance
- Other (please describe)

(PLEASE USE BACK OF SHEET IF NECESSARY)

DESCRIBE ACTION TAKEN BY DRIVER OR OTHERS INVOLVED

SIGNATURE: _____ DATE: _____

REPORT RECEIVED BY: _____ DATE: _____

**PLEASE TURN IN ALL INCIDENT/ACCIDENT
REPORTS TO THE TRANSIT DIRECTOR**

