



Concho Valley Transit COMPLAINT POLICY & PROCEDURE

CVT is committed to providing reliable, safe, and satisfying transportation options for our community. Customers of Concho Valley Area are the primary focus of our business and as such, their feedback is crucial to the growth and development of the agency.

The CVT customer Complaint Policy has been established to ensure that riders of the system have an easy and accessible way to provide feedback to the agency. CVT is open to hearing any customer feedback including complaints, comments, suggestions, or concerns.

Contacting CVT Area Transit: Riders can contact CVTD in the following ways:

1. **U.S. Mail:** Riders can mail their feedback to
Concho Valley Council of Governments
Attn: Concho Valley Transit
5430 Link Rd,
San Angelo, TX 76904
2. **Electronic notification:** cvtd.org
3. **Concho Valley Transit lobby located at: 510 N Chadbourne Street San Angelo Tx 76903**

Feedback Review Process: All feedback from customers is valued. Feedback will be reviewed by the customer service department which will distribute the customer communication to the appropriate agency representative(s).

1. Customer concerns, complaints, or employee commendations will be forwarded to the appropriate supervisor.
2. Recommendations for service or system modification will be sent to the Transit Operations Manager.
3. Questions regarding discrimination or bias will be sent to the Compliance Manager.

Feedback Acknowledgement: Anyone who submits a comment, complaint, or service suggestion to CVT shall receive a response provided they give legible contact

information. Feedback sent via US Mail or fax will receive a response within seven business days. Electronic mail, phone, or web originated messages will be returned within three business days.

Customer Appeals Process: Any person who is dissatisfied with the response they receive from CVTD is welcome to appeal the decision.

Levels of complaint

- Tier 1 “Major” issues involving safety or injury (e.g. traffic accident, reckless driving, evidence of weapon, assault, inappropriate sexual behavior, fraud, etc.).
- Tier 2 “Major” issues involving service, behavior and safety with no injury (e.g. allegation of reckless driving, minor accident (not involving injury), and vehicle safety).
- Tier 3 “Moderate” issues involving service or behavior (e.g., driver/customer late, long hold times, poor customer service, vehicle maintenance issues, etc.).
- Tier 4 “Minor” complaint/ issues not involving safety, behavior or timeliness (e.g. dirty vehicle, driver odor, driver rudeness).

Reporting: The Transit Manager shall compile a summary of rider responses for the Advisory Board, City Council, County Board of Supervisors, staff, and employees for use in reviewing and evaluating service.

Categorization: Each complaint shall be categorized into one of the five ‘Basis of Complaints’: Customer Service, Service, Maintenance, Compliance (Title VI / ADA) and Safety.

Tracking: CVT shall maintain a tracking system for all feedback from customers that provides a unique identification of each customer communication and allows ready access to information on status of the comment at any time.

Protection from Retribution: Customers of CVT should be able to submit feedback without fear of retribution from the agency. If a rider feels like they are being treated unfairly in response to the feedback they provided, they should contact the Operations Manager at the depot located at 325-947-8729 and CVT management will deal with the issue in the best and most appropriate manner once the proper investigation process has been completed.



Customer Feedback Form

Department (circle one): Demand response Urban Demand response Rural Fixed Route: Route#

Location (circle one): Bus Depot Date/Time

Feedback given by (Name): Contact#:

Is this a Title VI (Discrimination) Complaint? YES ☐ NO ☐

If yes, discrimination because of: Race ☐ Color ☐ National Origin ☐ Other ☐

Details:

Signature & Date: _____

A member of management will
contact you within 48hrs

CVT USE ONLY

Form Accepted by:
Designation: MGR / SUP

Date/time:

Resolved: Face/Face Phone

Date/time:

NOTES:

Signature & Date: _____