



Lake County Office of Transit Services Complaint Form

Office of Transit Services
P.O. Box 7800
Tavares, FL 32778-7800

Operation Hours: 8 am to 5 pm
Monday – Friday

INTRODUCTION (Please type or print your information clearly)

Lake County Office of Transit Services is committed to providing safe and reliable Transit options within Lake County. Customers of Lake County Connection or LakeXpress are a fundamental aspect of our business and as such, their feedback is crucial to the growth and development Lake County's transportation services.

The Lake County Office of Transit Services Customer Complaint Policy has been established to ensure that passengers have an easy and accessible way to provide feedback to Lake County Office Transit Services regarding complaints, comments, suggestions, or concerns. A complaint form is available upon request.

All incident-related complaints must be filed within 180 days from the date of the incident. Feedback sent via e-mail, mail, or fax will receive a response within ten business days.

PART 1 – GENERAL INFORMATION – TYPE Check One – ADA Title VI EEO DBE Other
See next page for definitions

Name: _____

Address: _____

City: _____ State: FL _____ Zip _____

Telephone: _____ Mobile: _____ Fax: _____

Transit Service – Check all that applies: LakeXpress: Lake County Connection:

Is the reason for this complaint related to an employee? Yes No If so, please complete the following:

Employee: _____ Route: _____ Incident Date, Time & Location: _____

Would you like a return call? Yes No

Is the basis of this complaint based on a protected Civil Rights Class, if so what type? (Check all that apply)
 Race Color National Origin Creed Sex Sexual Orientation Military Status
 Honorably Discharged Veteran The Presence of any Sensory, Mental, or Physical Disability
 Use of trained Guide Dog or Service Animal by a Person with a Disability

Please describe the nature of the complaint or the events that took place:

PART II - CERTIFICATION

I certify that the information on this form and any attachments are true and correct to the best of my knowledge.

Complainant's Signature

Date

If you are not satisfied with the final outcome, you have the right to file a complaint for appeal with one of the following organizations: Lake Sumter Metropolitan Planning Organization, Florida Commission for the Transportation Disadvantaged, Florida Department of Transportation or Federal Transit Administration

For Administrative Use Only:			
INVESTIGATION RESULTS:			
<u>ACTION TAKEN:</u>			
Investigated By:	Driver/Employee:	Vehicle No.	Date of Response:
_____	_____	_____	_____
Valid/Invalid:	Driver Counseled:	Response By:	
_____	_____	_____	
Date Logged:	Disciplinary Action:	Response Type:	
_____	_____	_____	
(Phone, fax, reported.)			
COMPLAINANT NOTIFIED BY TELEPHONE BY:		DATE:	TIME:
_____		_____	_____
COMMENTS:			

Definitions:

- [Americans with Disabilities Act \(ADA\)](#): prohibits discrimination based on disability
- [Title VI](#): prohibits discrimination based on race, color, or national origin
- [Equal Employment Opportunity \(EEO\)](#): prohibits discrimination toward an employee or job applicant based on race, color, religion, national origin, sex, age or disability. FTA investigates systemic charges of discrimination involving a transit agency’s employment policies and practices. All individual complaints of discrimination must go to the [Equal Employment Opportunity Commission \(EEOC\)](#).
- [Disadvantaged Business Enterprise \(DBE\)](#): requires FTA funding recipients to comply with the DBE regulations (49 CFR Part 26).