



Secure Transportation Complaint Form

Please submit this in person at the
Board of County Commissioners Office
333 West Colorado Ave 3rd fl, Telluride, CO
Or bocc@sanmiguelcountyco.gov
Or call 970-728-3844

Date and Time of Complaint: _____ / _____ / _____ Time: _____ a.m./p.m.

All complaints filed against a Secure Transportation Service may be subject to the Colorado Open Records Act and subject to public disclosure.

Complainant's Information:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

(mobile)

Email Address: _____

Is the complaint on behalf of:

- Yourself
- Someone Else

If for someone else, who? _____

What is their relationship to you? _____

1. Basis of Complaint:
- Client Rights
 - Response Time
 - Staff/Personnel
 - Unlicensed Service/
Unpermitted Vehicles

• Other: _____

2. What is the name of the Secure Transportation Service? _____

3. When did the event(s) of concern occur?

Date: _____ / _____ / _____

Time: _____ a.m./p.m

4. Is the problem ongoing:
- Yes
 - No

5. Is the individual still receiving care as a result of the incident?
- Yes
 - No

6. What is the individual's condition now? _____

7. Was anyone else involved in the incident (i.e., other staff, family, friends, law enforcement, fire personnel, receiving facility staff, physicians or bystanders)?

- Yes
- No

8. Were there any witnesses to the incident?

- Yes
- No

If there were witnesses, who were they? _____

9. Do you have any evidence of the incident (i.e., pictures, video or audio recordings)?

- Yes
- No

If yes, are you willing to provide these as part of the investigation into the incident?

- Yes
- No

10. Have you taken any additional actions?

- Yes
- No

If yes, what actions have you taken? _____

11. Have you spoken with anyone from the Secure Transportation Service?

- Yes
- No

If yes, who did you speak with? _____

12. Has the Secure Transportation Service tried to address the situation?

- Yes
- No

If yes, what has been done? _____

13. What prompted this complaint? Please describe what happened and include additional pages if necessary.

14. Are there any law enforcement agencies involved?

- Yes
- No

Please name the law enforcement agency/agencies involved:

Submitted by:

Signature: _____

Printed Name: _____

Date: _____

Preferred Method of Contact:

- Email
- Phone

If you have any questions regarding this form or about the process, please contact the San Miguel County Licensing Coordinator at bocc@sanmiguelcountyco.gov or 970-728-3844.