

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

**OBJECTIVE/PHILOSOPHY:**

Standing Rock Public Transportation 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. All incidents must be completely documented on the Standing Rock Public Transportation *Incident Report* form and submitted immediately to the Transit Coordinator and Director and Sitting Bull College President or the Administrator in charge.
2. All complaints must be completed on the Standing Rock Transportation *Complaint Form* and submitted to the Transit Coordinator and Director and Sitting Bull College President or the Administrator in charge.
3. Complaints of a serious nature will be investigated and carried out by Sitting Bull College legal counsel.
4. All other complaints will be investigated by the Transit Director and a report issued to the complainant within 20 working days.
5. If the complainant is not satisfied with the response received from the Director of Transportation, 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.
6. 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.

**RESPONSIBILITY:** Transit Director and Sitting Bull College President

**REVISION DATE:** April 13, 2012

## STANDING ROCK PUBLIC TRANSPORTATION COMPLAINT FORM

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Email Address		
Reason for complaint. Please include date(s) and time(s) in the description:			
<p><b>PLEASE USE BACK OF SHEET IF MORE ROOM IS NEEDED</b></p>			
Witnesses? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide their contact information below.			
Name:		Address:	
City:	State:	Zip Code:	
Home Phone: (     )     )	Cell Phone: (     )     )	Work Phone: (     )     )	
Name:		Address:	
City:	State:	Zip Code:	
Home Phone: (     )     )	Cell Phone: (     )     )	Work Phone: (     )     )	
<p>Filing a complaint with Standing Rock Public Transportation is voluntary. However, without the information requested, the transit program is unable to proceed with your complaint. This information provided will be used to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. You are not required to use this form. You also may write a letter with the same information. To mail this complaint send to: Transit Director, Standing Rock Public Transportation, 9299 Highway 24, Fort Yates, ND 58538.</p>			
<p>I understand that by signing this form I acknowledge that all statements made are true and accurate to the best of my knowledge. And that under federal law (18 U.S.C § 1001) I may face prosecution and penalties of fine or imprisonment for conviction for making fraudulent or fictitious statements.</p>			
Signature:		Date:	