

## Rural Resources Transportation Grievance Policy

*Rural Resources Transportation welcomes all comments and/or complaints. Comments and/or complaints can be about either services or discrimination based on race, religion, color, gender, pregnancy, age (including those over 40), national origin (including ancestry), ethnicity, disability (as defined in the federal Americans with Disabilities Act), marital status, veteran status, sexual orientation, income, creed or any other characteristic protected by applicable federal or state law. If you wish to make a discrimination complaint, contact the Rural Resources Community Action Transportation Director at any phone number listed on this brochure, fax to 509-684-5787, email [kscall@ruralresources.org](mailto:kscall@ruralresources.org) or write to: Transportation Director, Rural Resources Community Action, 956 S Main St, Colville, WA 99114.*

**It is the policy** of the Rural Resources Community Action Transportation Department to accept and consider written client grievances when clients, their guardian or legal representative feel they have been treated unfairly, discriminated against, have not received program services they believe they are eligible for or otherwise feel aggrieved by any employee or agent of Rural Resources Community Action. All written client grievances will be investigated promptly and in as impartial and confidential manner as possible, and timely resolution of each grievance communicated to the parties involved, as outlined in the Transportation Grievance Procedure. The Corporation prohibits any form of retaliation against clients for bringing forth grievances or providing information about discrimination. Grievance procedures and forms will be made available to any client or their representative requesting them.

## Transportation Grievance Procedure

Written grievances must be submitted within 60 working days from the alleged discrimination or action. Grievances submitted outside of this timeline will not be considered.

Upon receipt of the completed Transportation Client Grievance Form the Transportation Director will conduct an investigation of the allegations and provide a decision within ten (10) working days. The Transportation Director's decision will be provided in writing to you.

You may appeal the Transportation Director's decision to the Executive Director by requesting a Rural Resources Client Grievance Form and returning it to Rural Resources .

A decision becomes final when:

- You accept the decision or withdraw the grievance.
- Rural Resources Transportation is not contacted by you in reference to the grievance within twenty (20) working days of the decision's mailing.
- Upon a final determination of an appeal.

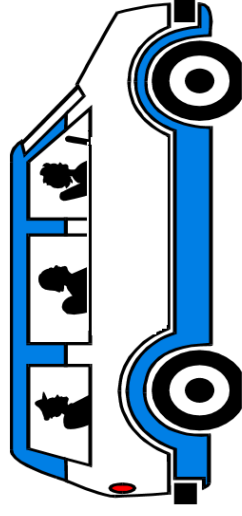


956 S Main St  
Colville, WA 99114  
Phone: 509-684-2961 OR 800-776-9026



## Rural Resources Transportation Comment Form

Let us know what you think about our services!



The Rural Resources Transportation Department actively solicits your comments, suggestions, and grievances. Fill out the form inside and return it to us in one of the following ways:

Fax: 1-509-684-5787

Mail: Rural Resources Transportation  
956 S Main St  
Colville, WA 99114

In Person: at the office above or give it to your driver.

Or phone it in: 1-800-776-9026

# Rural Resources Transportation Comment Form

The Rural Resources Transportation Department is committed to providing friendly, safe, convenient and reliable transportation alternatives. We strive to deliver exceptional customer service. We encourage our riders to provide comments and suggestions that will help us improve our services and will respond to your comments if you desire. We also want to hear any grievances you may have that are associated with any aspect of our services, and we will respond to your grievance in writing.

Date & Time this form was filled out: \_\_\_\_\_

The following contact information is necessary if you desire a response to your comment or suggestion and in order to respond in writing to a grievance:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Town: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_

Nature of contact:  Comment  Suggestion  Grievance  Discrimination report  
 (Please circle one)

If you are reporting a grievance, please fill in the information in the following section:

Date & Time of Incident: \_\_\_\_\_

Driver/Staff Name or Description: \_\_\_\_\_

Vehicle Type (Please circle one):  Bus  Private Vehicle

Vehicle Number or Description: \_\_\_\_\_

Service (Please circle one):  Dial a Ride  Commuter  Two-Week Trip

Other \_\_\_\_\_

Closest Town:  Colville  Kettle Falls  Chewelah

Republic  Newport  Metaline

Hunters  Northport  Deer Park

Please enter your comment, description, or grievance below: