

# CENTRAL ILLINOIS PUBLIC TRANSIT COMPLAINT PROCEDURE

1. **RECEIPT OF COMPLAINT:**

Any person with a complaint or concern may communicate this to the Shelby County Board.

2. **RECORDING THE COMPLAINT:**

Any staff from Central Illinois Public Transit can file a written report for a customer that is taken by phone or in person. All complaints received must be submitted in writing and recorded on the CIPT Complaint Procedure form which includes the following information: date the complaint was made; the name, address and telephone number of the person making the complaint; and description of the complaint. The description of the complaint should include the names of persons involved, procedures or policies they do not agree with, pertinent dates, names, addresses, telephone numbers and a statement of **facts and observations** described by the person making the complaint. This form should be submitted to CIPT Program Director/Program Manager at C.E.F.S. Economic Opportunity Corporation at 1805 S. Banker St., P.O. Box 928, Effingham, IL 62401-0928.

3. **FOLLOW UP:**

- A. The CIPT Program Director/Program Manager, upon receipt of written complaint, will contact the person(s) involved in the complaint within three (3) working days to discuss the complaint.
- B. After contact is made with the person(s) involved, a resolution of the complaint or a plan of action will be documented. If no contact is made, all recorded attempts of contact will be documented. A written response with a plan of action or a resolution to the individual with the complaint. The follow up letter will also include the Shelby County Board's address and contact person in case the individual is not satisfied.

Shelby County Board  
315 ½ E. Main  
Shelbyville, IL 62565  
Attn: Jared Rowcliffe, Shelby County PCOM  
Phone: (217) 774-1499  
E-mail: pcom@shelbycounty-il.com

- C. Follow up contact with the person(s) involved in the complaint will be made and documented.
- D. Central Illinois Public Transit Program will send all complaints, resolutions and follow up on a monthly basis, by the 15<sup>th</sup> of the month, to the Shelby County Board, Attn: Shelby County PCOM.

*Alternate formats available*

# Central Illinois Public Transit

## CIPT COMPLAINT PROCEDURE

\*\*\*\*\* CONFIDENTIAL INFORMATION \*\*\*\*\*

1. Date complaint was made: \_\_\_\_\_

2. Person making the complaint:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Date of occurrence and description of complaint: (Must be facts only. State what you observed and not what someone else has told you.) Use additional paper, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Bus number or name: \_\_\_\_\_

5. Other Persons involved: \_\_\_\_\_

6. Please return completed form to: **CIPT Program Director/Program Manager**  
**C.E.F.S. Economic Opportunity Corporation**  
**1805 S. Banker St., P.O. Box 928**  
**Effingham, IL 62401-0928**  
**PHONE: (217) 342-2193 ext. 162 or ext. 161**  
**FAX: (217)342-4701**  
**E-MAIL: dshiley@cefeseoc.org**

7. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

----- **Office Staff Only** -----

1. Date of contact for person making complaint: \_\_\_\_\_

2. Resolution or plan of action: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Follow up documentation of person making complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER**