

## COMPLAINT FORM for Non-Emergency Transportation

THIS FORM CAN BE USED BY THE FACILITY OR MEMBER.

### Mailing Address

LogistiCare Solutions, LLC  
Quality Assurance  
5651 S Laburnum Ave.  
Richmond, VA 23231  
Fax #: 1-866-660-4372

\*Today's Date \_\_\_\_\_ Date of Trip \_\_\_\_\_ Facility/Agency \_\_\_\_\_

\*Completed by \_\_\_\_\_ \*Title \_\_\_\_\_ \*Phone \_\_\_\_\_

\*Member Name \_\_\_\_\_ Fax number (if available) \_\_\_\_\_

Problem occurred at: \_\_\_\_\_ City \_\_\_\_\_  
Site Name if applicable, then Street address

Date/Time Scheduled Pick-up: \_\_\_\_\_ Transportation Provider \_\_\_\_\_  
If known, who was the

\*Nature of Complaint: **Please check all that apply**

- Provider NO-SHOW (i.e., did not arrive at all)
- Provider was LATE or EARLY    Scheduled Arrival Time \_\_\_\_\_ Actual Arrival Time \_\_\_\_\_
- Missed Appointment
- Wrong type of vehicle sent for trip (e.g. needed wheel chair van, needed stretcher, etc. ...)
- Told by LogistiCare at Time \_\_\_\_\_ Date \_\_\_\_\_ that "No Provider Available" to do the trip
- Member rode too long on vehicle    Time picked up \_\_\_\_\_ Arrived \_\_\_\_\_
- Driver did not follow special instructions given for pick up, drop off or return trip
- Driver did not require seat belt use
- Driver Safety (e.g., speeding, careless driving, no name tag, driver rude, driver lost, eating, drinking, smoking, inappropriate conduct, passenger assistance issue, etc...)
- Vehicle Safety (e.g., no inspection sticker, broken window, bald tires, cleanliness, no signage on vehicle, no heat or A/C
- Wheelchair Incident (e.g., not using 4 tie downs, no seat belt used, no shoulder restraint used, driver riding on wheelchair lift, lift not working properly, etc...)
- Facility/Agency not notified of change in provider, scheduled pick up or return time
- Member or Family not notified of change in provider, scheduled pick up or return time
- Other Issues with LogistiCare (please explain below)
- Ongoing or unresolved issue(s) that have been reported but are still occurring.

Specifics of Complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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