



**Department of Human Services**  
**Office of Facilities and Support Services, Transportation Services**  
**Section Complaint Resolution Form**

**In Reference to the complaint filed by:** \_\_\_\_\_  
**Dated:** \_\_\_\_\_  
**Date received by Regional Transportation Office:** \_\_\_\_\_  
**Subject of the Complaint:** \_\_\_\_\_

**Describe the resolution of the complaint. Please include the steps taken to investigate the complaint, corrective actions taken to resolve problems or prevent future reoccurrences, and any related disciplinary actions taken. Use additional pages if needed.**

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**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_