



Elko County Transit Department  
 GET (Greater Elko Transit) My Ride  
 540 Court Street, Elko, NV 89801  
 Call: (775) 777-1428 ● Text: 775-557-7885 ● Email: elkotransit4@gmail.com

# GENERAL COMPLAINT POLICY

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## **GENERAL COMPLAINT POLICY**

**Policy Statement:** Elko County Transit Department (GET My Ride) public transportation program is committed to providing a quality transportation service to the Elko community. Passengers and the general public may file a complaint with GET My Ride for many reasons. We listen to and take all complaints seriously, and we will investigate the validity of the complaint followed up by corrective actions where necessary.

- If you are alleging you were discriminated against for Race, National Origin, or Color, you would need to file a “Title VI Complaint Form”.
- If you are alleging you were discriminated against for your ADA status, you need to file an “ADA Complaint Form”.
- If you are filing a complaint for any other reason, including discrimination based on infringements of Civil Rights not listed above, follow this procedure.

## **INSTRUCTIONS**

Step 1: Within 14 days of the incident, please call or email the dispatch office at the contact information in the heading. You may also use “Attachment A - Complaint Form” below. Explain the actions that led to the complaint. Include as much information as you can, such as the names of the GET My Ride employees, other passengers, locations, times, driving conditions, and so on.

Step 2: Upon receipt of the complaint, the Elko County Transit Coordinator will investigate the complaint. The coordinator reserves the right to include another Elko County Department Head, Human Resources Director, or County Management to investigate the complaint.

Step 3: The Elko County Transit Coordinator and/or designee will determine whether the complaint is valid. If the complaint is valid, the Elko County Transit Coordinator and/or designee will take steps to remedy the situation.

Elko County will not reveal to you (the complainant) if there have been disciplinary steps taken against an employee; however, the complainant may be notified of the status of the complaint and a summary of the findings.



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## **LIST OF LOCAL TRANSIT POLICIES**

All public ridership information can be found at [GetMyRideElko.com](http://GetMyRideElko.com) or <https://www.elkocountynv.net/>.

- ADA Policy and Procedure
- Appeals Policy and Procedure
- General Complaint Policy and Procedure
- No-Show and Late Cancellation Policy and Procedures
- Passenger Code of Conduct
- Suspension Policy and Procedure
- Title VI Plan
- Transit Service Information and Instructions
- Ridership Brochure



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**ATTACHMENT A – COMPLAINT FORM**

Elko County Transit Department (GET My Ride) public transportation program is committed to providing a quality transportation service to the Elko community. Passengers and the general public have the right to file a complaint with GET My Ride for many reasons. We listen to and take all complaints seriously, and we will investigate the validity of the complaint followed up by corrective actions where necessary.

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- If you are alleging you were discriminated against for your ADA status, you need to file an “ADA Complaint Form”.
- If you are filing a complaint for any other reason, including discrimination based on infringements of Civil Rights not listed above, follow this procedure.

Once completed, return form to:



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**Your Contact Information**

First Name:

Last Name:

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Address:

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Address:

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City:

State:

Zip:

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Phone:

Email:

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Elko County Transit Department would like to reach out to you regarding your concerns. Would you be willing to be contacted by a member of Elko County Transit Department staff if we have further questions?  Yes  No

Would you like Elko County Transit Department to contact you once our investigation is complete?  Yes  No

Are you filing this complaint on your own behalf?  Yes  No

If no, why have you filed for a third party? \_\_\_\_\_

What is your relationship to the person for whom you are filing a complaint? \_\_\_\_\_

Please confirm you have permission to submit a complaint on behalf of the third party.  Yes  No

**Service Details**

Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_

Pickup Address: \_\_\_\_\_ Drop off Address: \_\_\_\_\_

Scheduled Pickup Time: \_\_\_\_\_ Schedule Drop off Time: \_\_\_\_\_

Vehicle Number: \_\_\_\_\_ Driver Name: \_\_\_\_\_

**Please tell us why you are writing us today.**

Using the space provided on the next page, please explain as clearly as you can the nature of your complaint. Use names, contact information, witnesses, dates, and times to describe the situation. You may attach any written materials or other information relevant to your complaint.

