



TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD FOR CITRUS COUNTY, FLORIDA

COMPLAINT AND GRIEVANCE PROCESS

Effective: February 13, 2025

**Community Transportation Coordinator (CTC)
Citrus County Board of County Commission
Lecanto Government Building
3600 W. Sovereign Path
Suite 267
Lecanto, Florida 34461
352-527-5210
www.citrusbocc.com**

**Hernando/Citrus Metropolitan Planning Organization
789 Providence Boulevard
Brooksville, Florida 34601
352-754-4082
<https://www.hernandocounty.us/departments/departments-f-m/metropolitan-planning-organization>**

**In partnership with the Florida Commission for the
Transportation Disadvantaged
605 Suwannee Street, MS-49
Tallahassee, FL 32399
1-800-383-2435**

CITRUS COUNTY TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD

The Citrus County Transportation Disadvantaged Local Coordinating Board (LCB) has reviewed and approved this Grievance Process which is included and a part of the Transportation Disadvantaged Service Plan.

Adopted in regular session the 13^h day of February 2025.



Janet Barek, Chair
Citrus County Local Coordinating Board

Dated: 02/13/25

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

BY Victoria Anderson
MPO Attorney

COMPLAINT AND GRIEVANCE PROCESS

- A. Establishment - It is the intent of the Transportation Disadvantaged Local Coordinating Board (LCB) to encourage resolution of complaints and grievances at the lowest level and to educate passengers, funding agencies and any other interested parties about the complaint and grievance process.

A grievance committee is established under Article VII of the Citrus County Transportation Disadvantaged Coordinating Board by-laws and shall be applied as it becomes necessary under conditions described in the process below.

- B. Hearing vs. Hearing and Determining - There is a distinct difference between “hearing” a grievance and “hearing and determining” a grievance. There is no bar to a person or entity listening to or “hearing” a grievance. An entity may investigate a grievance as long as it does not impose requirements on third parties that are not supported by statute or contractual agreement. However, when an entity makes a determination of the rights, duties, privileges, benefits or legal relationships of a specified person or persons, it is exercising “adjudicative” or “determinative” powers. It should be noted that Chapter 427, Florida Statutes (F.S.), grants no “adjudicative” powers to any party or entity “hearing” a grievance.

- C. This section will delineate the difference between a formal grievance pursuant to Chapter 427 F.S. and Rule 41-2 Florida Administrative Code (F.A.C.), and a service complaint.

1. Service Complaint- service complaints/adverse incidents may occur during service provided to Transportation Disadvantaged users including those persons with disabilities, and are reported to the driver, dispatcher or other individuals involved with the daily operations. Service complaints/adverse incidents are to be reported on a “Compliment, Hazard Complaint, and ADA Complaint Report” form available at the Transit Agency office, from a bus operator, or via the website at www.citrusbocc.com within two business days of the incident to the Citrus County Transit office at 1300 S. Lecanto Highway, Lecanto, FL 34461.

An investigation will commence within forty-eight (48) hours of receipt of the “Compliment, Hazard Complaint, and ADA Complaint Report” form by the Adverse Incident Manager (i.e., Transit Director, Transit Supervisor(s) and/or Driver Trainer (Safety Officer)).

Adverse incident service complaints may include but not be limited to:

1. Late trips (late pick-up outside the hour pickup window)
 2. No-show by transit operator
 3. Client behavior
 4. Driver behavior
 5. Service denial to client
 6. Passenger discomfort
- a) The Transit Director, Transit Supervisors and Driver Trainer (Safety Officer) shall serve as the Adverse Incident Manager responsible for investigating reports of adverse incidents, documenting the investigation, reviewing the investigation, and closing the investigation. The investigation may include review of any available video, recordings, or photographs to establish facts surrounding a reported adverse incident and may call upon any eyewitnesses. Identification of any causal and contributing factors that led to the adverse incident will be documented in the investigation report.

- b) The Adverse Incident Manager will properly document actions taken by the provider's personnel involved in the adverse incident including corrective actions with timelines, if applicable. The Adverse Incident Manager will identify and document mitigations taken to eliminate factors that contributed or may have caused the adverse incident. Open investigations will be monitored every two weeks to allow for resolution and closure. The CTC will implement necessary written internal procedures to process, monitor, and resolve service/adverse service complaints including training and expectations of personnel.
 - c) For adverse incidents that involve Persons with Disabilities, the Commission for Transportation Disadvantaged's form "Adverse Incident Report Form Related to a Paratransit Service Provided to a Person with Disabilities" as attached must be completed by the Transit Director and reported on the last day of the month following the end of a quarter. Reports should be emailed to:
FLCTDAdverseIncidentReport@dot.state.fl.us.
 - d) If an adverse service complaint cannot be resolved after all efforts by the CTC to reach an amicable resolution, it may be submitted as a formal grievance to the CTC.
2. Formal Grievance- a formal grievance is a written complaint to document an unresolved service complaint or an investigated and documented adverse incident in the operation or administration of TD (Transportation Disadvantaged), services by the CTC, Designated Official Planning Agency (DOPA), or LCB.
- Formal Grievances may include but are not limited to:**
- 1. Chronic or reoccurring or unresolved service complaints
 - 2. Violations of specific laws governing the provision of TD services i.e., Charter 427 F.S., Rule 41-2 F.A.C and accompanying documents,
 - 3. Sunshine Law and Americans with Disabilities Act (ADA)
 - 4. Contract disputes (agencies/operators)
 - 5. Bidding disputes
 - 6. Agency compliance
 - 7. Conflicts of interest
 - 8. Billing and or accounting procedures

D. The following grievance procedures apply to formal grievances brought to the attention of the CTC or the DOPA staff.

- 1. Passengers who are trespassed from Citrus County Transit by law enforcement and have been identified as a safety issue are NOT eligible for the Grievance process.
- 2. All formal grievances must contain the following:
 - 1. A copy of the completed Compliment, Hazard Complaint and ADA Complaint Report including any support documents.
 - 2. A statement of the grounds for the formal grievance with supporting documentation made in a clear and concise manner.
 - 3. An explanation of the relief desired by the complainant.

The CTC will issue a decision in writing, delivered via regular mail, no later than 20 working days after the formal grievance is filed with the CTC. The decision will give the complainant an explanation of the facts that led to the CTC's decision and will provide a method by which a resolution might be reached. Copies of all correspondence must be submitted to the LCB.

3. If an amicable resolution cannot be reached with the CTC, then the written grievance and the CTC's written report will be submitted to the Grievance Committee. The Grievance Committee must schedule a meeting at which the grievance will be heard, with the aggrieved party present. The grievance committee must respond in writing, by certified mail, to the complaint no later than 30 days after the meeting. If the majority of the grievance committee cannot satisfy the complainant or deems the complaint to be of a nature requiring the LCB's attention, the matter will next be referred to the LCB.
 4. The written grievance and written reports will be submitted to the LCB. The LCB shall meet with the aggrieved party and hear the grievance. The LCB shall have a maximum of 60 days to respond in writing, by certified mail, to the complainant.
 5. If a resolution cannot be reached by the LCB, the written grievance and written reports will be submitted to the CTD, (Transportation Disadvantaged Commission). The CTD will review the written grievance and the written reports and will issue a written determination no later than sixty (60) days after its receipt of the case file. This written determination will be sent via Certified Mail to the complainant. Upon the CTD entering its determination, the CTD's direction will be followed, or the grievance matter will be closed with no further proceedings on the grievance at the County level.
- E. Additional service information may be found in the Transportation Disadvantaged Service Plan (TDSP).

Contacting the Ombudsman or Other Processes

An Ombudsman is a person who works to resolve complaints and grievances at the office of the Commission for Transportation Disadvantaged. Written grievances may also be submitted to the State of Florida, Commission for the Transportation Disadvantaged Ombudsman Program at 605 Suwannee Street, MS-49, Tallahassee, FL 32399-0450, sponsored by the Commission for the Transportation Disadvantaged. The email for the Ombudsman is: CTDOmbudsman@dot.state.fl.us.

At any time, an aggrieved party with proper standing may elect to seek recourse in other proceedings outside of this grievance process, through Chapter 120, Florida Statutes, the administrative hearing process or the judicial system.



Citrus County Transit

Passenger/Motorist/Employee

Compliment, Hazard Complaint and ADA Complaint Report

Name:	Date:	Time:
Location or Route:	Phone #	
Driver:	Bus #:	
Received By	Referred To:	Call Time:
Category (Check one or more)	<input type="checkbox"/> Compliment	<input type="checkbox"/> Complaint
<input type="checkbox"/> Passenger	<input type="checkbox"/> Motorist	<input type="checkbox"/> Service Request
<input type="checkbox"/> Employee	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Safety
<input type="checkbox"/> Late	<input type="checkbox"/> ADA Accessibility	<input type="checkbox"/> Pass Up
<input type="checkbox"/> Early	<input type="checkbox"/> Other	<input type="checkbox"/> Bus Stop
Description of Event:		
Explanation of Event :		
Signature:	Date:	
Action Taken By Management:		
Supervisor or Directors Signature:	Date Completed:	
Chief Safety Officer/Liason Signature:	Date Completed:	

ID # _____



Citrus County Transit
Pasajero/Automovilista/Empleado

Cumplidos, Quejas, Informe de Quejas de la ADA

Nombre:	Fecha:	Hora:
Ubicación o Ruta:	Teléfono#	
Conductor:	Autobús #	
Recibido por:	Referido a:	Tiempo de llamada:
Categoría (Marque una o más)	<input type="checkbox"/> Cumplido	<input type="checkbox"/> Queja
<input type="checkbox"/> Pasajero	<input type="checkbox"/> Automovilista	<input type="checkbox"/> Solicitud de servicio
<input type="checkbox"/> Empleado	<input type="checkbox"/> Mecanica	<input type="checkbox"/> Seguridad
<input type="checkbox"/> Tarde	<input type="checkbox"/> ADA Accesibilidad	<input type="checkbox"/> Pasar parada
<input type="checkbox"/> Temprano	<input type="checkbox"/> Otro	<input type="checkbox"/> Parada de autobús
Descripción del evento:		
Explicación del evento :		
Firma:	Fecha:	
Medidas adoptadas por la dirección:		
Firma del Supervisor o Director:	Fecha de realización:	
Firma del Director de Seguridad/Enlace:	Fecha de realización:	

ID # _____

Revisado el 6/11/2024

COMMISSION FOR THE TRANSPORTATION DISADVANTAGED

**ADVERSE INCIDENT REPORT FORM
RELATED TO PARATRANSIT SERVICES PROVIDED TO PERSONS WITH DISABILITIES**

This form must be completed by a transportation service provider upon receipt of a report of an adverse incident. The form must be submitted to the Commission for the Transportation Disadvantaged for each incident no later than the last day of the month following the end of the quarter, beginning January 1, 2025. Reports should be emailed to: FLCTDAdverseIncidentReport@dot.state.fl.us.

REPORT STATUS:

<input type="checkbox"/> Preliminary Report	<input type="checkbox"/> Under Investigation	<input type="checkbox"/> Investigation Closed
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TRANSPORTATION SERVICE PROVIDER INFORMATION:

Organization Name:	
Local Government Name: (Contracting for Paratransit Services)	
Name of Person Completing Report:	
Phone Number:	
Email Address:	
Date of Report:	

DESCRIPTION OF ADVERSE INCIDENT:

Who, what, when, where, how, injury(ies). Exclude names and personal information, providing only information regarding the incident.

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FOLLOWUP ACTIONS:

Briefly describe follow-up measures taken, including mitigation or corrective actions. At a minimum, this description must include a summary of investigation activities taken by the transportation service provider.

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