TD SERVICES GRIEVANCE PROCEDURE AND FORM

GRIEVANCE PROCEDURE

The intent of the Grievance Procedure for Transportation Disadvantaged (TD) Services is to provide procedures and policies for fulfilling the requirements of Chapter 427, Florida Statutes, and Rule 41-2.012 of the Florida Administrative Code (FAC). **View the Brevard County Transportation Disadvantaged Local Coordinating Board (TDLCB) Grievance Procedure in its entirety at 321Transit.com/Grievance.**

A multi-layered approach for problem resolution incorporated into the Grievance Procedure. For the purpose of the TDLCB, a grievance is defined as "a circumstance or condition thought to be unjust, and ground for complaint or resentment." *It is assumed that the Complainant would direct any initial concern to Space Coast Area Transit before initiating the Grievance Procedure.*

HOW TO FILE A GRIEVANCE

A grievance must be filed in writing by completing the Grievance Form on page 22 of the Rider's Guide For Special Services or at **321Transit.com/GrievanceForm**. The Complainant may request assistance from Space Coast Area Transit to complete the form. A clear violation of a specific law, regulation, or contractual arrangement should attempt to be demonstrated or established when filing the grievance. The completed form should be mailed to: **Transit Director, Space Coast Area Transit, 401 S. Varr. Ave., Cocoa, Florida 32922**. Space Coast Area Transit (the Community Transportation Coordinator) must respond to the Complainant in writing no later than 7 working days from the date the grievance is received.

THE TDLCB GRIEVANCE SUBCOMMITTEE

If the Complainant determines that the response from Space Coast Area Transit is unsatisfactory, he/she can request that the Grievance Form is forwarded to the TDLCB Grievance Subcommittee. The Complainant will be notified in writing of the Subcommittee meeting date, time, and location. The Subcommittee will endeavor to resolve the grievance and issue a decision in its report.

APPEAL TO THE TDLCB:

The Complainant may appeal the decision of the TDLCB Grievance Subcommittee in writing to the Brevard County Transportation Disadvantaged Local Coordinating Board (TDLCB) within 5 working days from the date the Complainant received written notice from the Subcommittee of its decision.

Once an appeal has been received, the TDLCB shall meet and render a decision at its next meeting. The Complainant will be notified in writing of the date, time, and place of the TDLCB meeting where the appeal shall be heard. A written notice will be mailed at least 10 days in advance of the meeting. A written copy of the decision made by the TDLCB will be mailed to all parties involved within 10 days of the date of the decision.

APPEAL TO THE STATE TD COMMISSION

Should the complainant remain dissatisfied with the decision of the TDLCB, an appeal may be made in writing to: Ombudsman Program, Florida Commission for the Transportation Disadvantaged, 605 Suwannee Street, MS-49, Tallahassee, FL 32399-0450. For questions, e-mail **CTDOmbudsman@dot.state.fl.us**, call 1-800-983-2435, or in Florida, call 711 to access the Florida Relay System.

TD SERVICES GRIEVANCE FORM

Agency/Individual Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

This Grievance Form for Transportation Disadvantaged (TD) Services shall be sent to the Community Transportation Coordinator, Space Coast Area Transit. Outline the nature of the grievance, and where applicable, the date, time and place of the incident(s) constituting the grievance. A clear violation of a specific law, regulation, or contractual arrangement should attempt to be demonstrated or established. The Complainant may request assistance from Space Coast Area Transit to complete the form. Additional pages may be attached; please be sure to number all additional pages and/or attachments. Send the completed form and any supporting documentation to: **Transit Director, Space Coast Area Transit, 401 S. Varr. Ave., Cocoa, Florida 32922.**

GRIEVANCE INFORMATION:

I hereby attest that these statements are true and correct.

Complainant's Name: _____

Complainant's Signature: _____ Date: _____