

Hopelink Facility Concern Sheet

Attn: Ombudsman

Fax: 425-644-9956

Date of Service: _____

Today's Date: _____

Regarding: A Trip **INTO** the Facility

A Trip **OUT OF** the Facility

Client Information:

Name: _____
(Last) (First)

Address: _____

Phone _____

ID # _____

Facility Information:

Facility Name: _____

Contact Person: _____

Address: _____

Phone: _____

Fax: _____

On Time Issues: (Did ride arrive late or not at all?)

Scheduled Appt Time: _____ Actual Arrival Time: _____

Door to Door Issues: (Did driver come into lobby to collect/drop off client?)

Yes

No

Incorrect Client/Trip Info Issues: (Was the ride booked incorrectly? Time, Location, Equip Code, Other?)

Other Issues:

Trip booked by Fax and copy of trip request is attached.

Trip booked by Phone. Coordinators Name: _____

Trip booked by Client.

Complaint # _____ Initials _____ Date _____

Please fax this form along with any documentation to Hopelink at: 425-644-9956