

**CEREBRAL PALSY RESEARCH FOUNDATION OF KS., INC.  
TIMBER LINES TRANSPORTATION  
2021 N. Old Manor  
Wichita, Kansas 67208  
316-651-5289**

**GRIEVANCE & APPEALS**

Timber Lines Transportation is responsible to provide transportation services based on funding eligibility and the parameters spelled out in the Timber Lines customer flyer.

Every rider has a right to dispute or file a complaint regarding service. Please complete the Grievance Form and return to:

**Rick Smith, Director of Transportation  
CPRF-Timber Lines Transportation  
2021 N. Old Manor, Office  
Wichita, Kansas 67208**

If a satisfactory solution cannot be reached, a written appeal may be filed within 10 days of receiving the grievance response to:

**Clarissa Jeter, Vice President of Community Support Services  
CPRF-Timber Lines Transportation  
5111 East 21st  
Wichita, Kansas 67208**

In the event that solution is unsatisfactory, the Director will forward the grievance complaint and all subsequent documentation to the Director of Quality Assurance, Cerebral Palsy Research Foundation of KS, Inc. for final review. The Director of Quality Assurance will contact the complainant in order to negotiate a solution.

**RULES OF CONDUCT**

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| <ol style="list-style-type: none"><li>1. Please do not eat, drink or smoke in the vehicle.</li><li>2. Obscene, abusive or threatening language or actions will not be tolerated.</li><li>3. For your safety, do not attempt to operate or tamper with any van equipment.</li><li>4. Earphones must be used when operating radios, CD players, or other sound generating equipment.</li><li>5. No cell phone usage during transit.</li><li>6. Drivers may refuse service to a passenger who is suspected of being under the influence of alcohol or illegal drugs.</li><li>7. Drivers may refuse service to a passenger who has extreme body odor.</li><li>8. Customers or guests who engage in physical abuse or cause physical injury to another customer or the driver will be subject to immediate and permanent suspension and possible criminal prosecution.</li></ol> |
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CEREBRAL PALSY RESEARCH FOUNDATION OF KS, INC.  
2021 N. OLD MANOR, BLDG 701  
WICHITA, KANSAS 67208  
316-651-5289**

**GRIEVANCE FORM**

**Name:** \_\_\_\_\_

**Address, City, Zip** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**Day of incident:** \_\_\_\_\_

**Describe incident in detail:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How were you affected as a result of the incident?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Consumer signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Investigation findings:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Action taken by management:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature, Title** \_\_\_\_\_ **Date** \_\_\_\_\_