

CLIENT NAME



CLIENT ID

7101 WYOMING STREET, WESTMINSTER, CA 92683  
TRANSPORTATION DEPARTMENT PHONE: (714) 891-9500 FAX: (714) 893-4819  
LYDIA ORTEGA [lydia.ortega@abrazarinc.com](mailto:lydia.ortega@abrazarinc.com), JOSE MENDOZA [j.mendoza@abrazarinc.com](mailto:j.mendoza@abrazarinc.com) or  
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**ABRAZAR SNETM CLIENT SERVICE FORM**

Clients who deem they are not properly treated while receiving services from Abrazar may have their client service matters resolved according to the following process:

**Level One (L1):**

Clients discuss the matter with the person who assists them. If the matter is resolved, the staff member will complete a "Client Service Form (CSF)." A CSF documents all client service matters. The resolution of the matter will be noted and kept in the clients file. If the matter can not be resolved to the client's satisfaction, then clients will be informed of the next level of the grievance process.

**Level Two (L2):**

Within five (5) working days after the completion of L1, the client may appeal, verbally or in writing to the staff person's direct supervisor (Transportation Coordinators). The Transportation Coordinators have five (5) business days to investigate the client service matter and respond to the client. This may result in interviewing all of the parties involved. If the resolution is reached, the Transportation Coordinator will notify the Chief Operating Officer and update the CSF which will be placed in the clients file. If the matter can not be resolved to the client's satisfaction, then clients will be informed of the next level of the grievance process.

**Level Three (L3):**

Within five (5) working days after the completion of L2, the client may appeal, verbally or in writing to the Chief Operating Officer (COO). The COO has five (5) working days to further investigate the client service matter and respond to the client. This may result in interviewing all of the parties involved. A decision considered final will be rendered and forwarded in writing to the client. All other parties involved in the process will receive a copy of the final decision.

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

Coordinator's Signature: \_\_\_\_\_ Date \_\_\_\_\_

COO Signature: \_\_\_\_\_ Date \_\_\_\_\_

NOTES: \_\_\_\_\_  
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We expect all of our team members to be professional, safe and respectful at all times. If the quality of service does not meet your expectations, we would like to hear from you. We will investigate and respond in a timely manner. On occasion, there may be service issues that arise and our goal is to ensure these are isolated incidents. Please use this form to detail the specific issue and one of our team members will respond quickly.

Note: Please **DO NOT** use this form to request a trip. If you need to request a trip or there is an issue with scheduling that trip please speak directly with the SNETM manager for your area.

SNETM Central Manager: Lydia Ortega  
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**COMMENTS:** \_\_\_\_\_  
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