

BNL Guaranteed Ride Questionnaire

The provider of the Guaranteed Ride Service at BNL, Long Island Transportation Management (LITM), is interested in your feedback. Completed questionnaires will be returned to LITM and the information provided will be used to improve the service to better meet your needs.

Your Name: _____

Work Phone: (631) 344 - _____

Home Address (Town Only): _____

Work Hours: _____ a.m. - _____ p.m.

Date of Trip: _____ Distance of Trip _____ miles

Destination: Home Doctor School Hospital Other _____

Name of Transportation Provider: _____

Fare: \$_____ Was the driver courteous? Yes No

How long did you wait for a ride?

10 minutes 15 minutes 20 minutes
 25 minutes 30 minutes Longer ___ minutes

Reason for ride:

My illness Family member illness or emergency
 Unexpected overtime (self) Unexpected overtime (rideshare driver)
 Other (please explain) _____

How did your experience using this service compare with your expectations?

Exceeded Very Good Adequate Unsatisfactory

Comments:

Participant's Signature: _____ Date: _____

Return form to Jeff Williams in Building 120 or e-mail to jwilliams@bnl.gov.