BNL Guaranteed Ride Questionnaire

The provider of the Guaranteed Ride Service at BNL, MetroPool, is interested in your feedback. Completed questionnaires will be returned to MetroPool 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.