



Contra Costa Countywide Guaranteed Ride Home Program EVALUATION QUESTIONNAIRE

Complete this form after you use your voucher.

When the completed form is received at the GRH office a new voucher will be issued in about 10 days

Your Name	Employer Name
Home City:	Employer Address
Miles one way to work:	(Your Mail Stop/Cubicle #)
Home Phone:	Employer City/ Zip Code
Work Phone:	Work Fax:

- 1.** Date voucher used: _____ **2.** Voucher # used _____ **3.** New voucher wanted _____ Taxi _____ Rental Car

- 4.** Please check which “commute alternative” you used to get to work on the day you used the Guaranteed Ride Home voucher:
 Vanpool Carpool Bus BART Bicycle/Walk Ace Train Capitol Corridor Other _____

- 5.** How did you reach the starting point for the “commute alternative” noted in Question 4? Drove alone to the pickup location
 Walked to the pickup location Dropped off by someone Other _____

- 6.** Please indicate how many days per week you use the following methods to get to work **NOW**:
 ___Vanpool ___Carpool ___Bus ___BART ___Bicycle/Walk ___Ace Train ___Capitol Corridor ___Drive Alone

- 7.** Please check the reason for using the Guaranteed Ride Home service today: Personal illness/injury Family illness/injury
 Un-scheduled overtime Commute vehicle issue Other: _____

- 8.** How much time elapsed between your first contact with the taxi/rental car service and the arrival of the vehicle? _____ (minutes)

- 9.** Did you make any stops on the way to your final GRH destination? No Yes, we stopped for _____

- 10.** Did other GRH participants share the taxi/rental car ride with you? (names) _____

- 11.** Was the taxi/rental car clean and safe? Yes No _____

- 12.** Please rate the quality of service you received from the rental car or taxi company representative:
 Poor Fair Good Excellent Outstanding (comment) _____

- 13.** How much did the availability of the Guaranteed Ride Home Program influence you to choose a “commute alternative” over driving alone? Did not consider it at all Considered it somewhat Absolutely a consideration

- 14.** Additional comments/ suggestions for improvement: _____

Use of the Guaranteed Ride Home Program vouchers is limited to twice in any month and/or six times in a calendar year.

Thank you for completing our evaluation form and for supporting our efforts to serve you better.
Please send completed questionnaire by mail, or fax: (510) 235-7059, or email: nancy@511contracosta.org