



Transportation Department  
**SCHOOL BUS COMPLAINT**

Bus Number \_\_\_\_\_ School \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_ Location \_\_\_\_\_

Complaint Registered By:  school  parent  bus driver  other \_\_\_\_\_

Complainant \_\_\_\_\_ Phone \_\_\_\_\_

Complainant Address \_\_\_\_\_ Zip \_\_\_\_\_

Documentation: Tell who, what, when, where, give names, and anything that will best describe what happened.

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**DO NOT WRITE BELOW THIS LINE**

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**FOR TRANSPORTATION DEPARTMENT USE ONLY**  
*ACTION TAKEN*

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Name: \_\_\_\_\_  
Signature (Transportation Department)

Date \_\_\_\_\_