

DRIVER SAFETY VIOLATION/CONCERN COMPLAINT REPORT

First Reported on: Date _____

Name of Person Receiving Complaint: _____

Name/Number of Person Reporting Complaint: _____

Type of Report: ___ Phone Call ___ In Person Follow Up Requested? ___Y ___N

Complaint about Bus# _____ Driver: _____

Summary Notes/Details about complaint: _____

All prior complaints about this driver: _____

All prior disciplinary actions taken against this driver: _____

Within 48 hours of complaint being filed--

Preliminary Report Issued to Director of Schools by: _____

___ Email/Scan Copy ___ Hard Copy Date: ___/___/___ Time: _____

Investigative Findings: _____

Action Taken: _____

Call Returned: ___Yes ___No ___ Voicemail Date call returned: ___/___/___

Response of complainant: _____

Within 60 School Days of receipt of complaint:

Final report issued to Director of Schools by: _____

___ Email/Scan Copy ___ Hard Copy Date: ___/___/___

Transportation Supervisor Signature/Date

_____ Date ___/___/___