



Driver Safety Violation/Concern Complaint Report

FIRST REPORTED ON Date: ____ / ____ / ____ Time: _____

Name of person receiving complaint: _____

Name of person reporting the complaint: _____

Phone number of person reporting: _____

Type of Report: ____ Phone call ____ In Person Request follow up? ____ Y ____ N

Complaint about Bus # _____ **Driver:** _____

Summary notes/details about the 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: _____
(request read receipt) (Initial for receipt)

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: ____ / ____ / ____ Time: _____
(request read receipt) (Initial for receipt)

Transportation Supervisor signature/date: _____