

Lewis County Schools
Transportation Department

DRIVING COMPLAINT – SCHOOL BUS

Date/Time of Complaint: _____

Date/Time of Incident: _____

Bus Number: _____

Driver's Name: _____

Complaint Registered By: school parent bus driver other _____

Name of Person Reporting: _____ Phone Number: _____

Type of Report: Phone Call In Person E-mail I-mail Other _____

Documentation: (Tell who, what, when, where, give names, addresses, and anything that will best describe what happened-the back of this sheet may be used)

Report Taken/Made By: _____
Signature

Date: _____

DO NOT WRITE BELOW THIS LINE

FOR TRANSPORTATION DEPARTMENT & SCHOOL USE ONLY
ACTION TAKEN (the back of this sheet may be used)

Signature (Transportation Dept)

Date: _____

Signature (Director of Schools)

Date: _____