Paris Special School District

TRANSPORTATION DEPARTMENT

Driver Safety Violation/Concern Complaint Report

(In accordance with TN state law 49-6-2116)

To file a complaint, complete this form and submit it to the Transportation Supervisor.

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

Bus Number _____ Driver's Name _____

Date of Incident _____ Time of Incident _____am/pm Location_____

Complaint Registered By: ___school ___parent ___student ___bus driver ___other_____

Person Filing Complaint _____ Phone _____

Type of Report: _____Phone Call _____In Person Request follow up? _____Y _____N

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

_____

_____

_____

_____

Report Taken/Made By _____ Date _____

Signature

DO NOT WRITE BELOW THIS LINE

WITHIN 48 HOURS OF COMPLAINT BEING FILED:

Preliminary Report issued to Director of Schools by: _____

_____Email/scan copy (request read receipt) **_____Hard copy (initial for receipt)** **Date: _____/_____/_____** **Time:** _____

Investigative Findings: _____

_____

Driver(s) involved: _____ **Prior Complaints/Disciplinary Actions: Y/N (If Yes, attach)**

Action Taken: _____

_____

Call returned: _____Yes _____No _____Voicemail Date call returned: _____

Response of complaint: _____

WITHIN 60 SCHOOL DAYS OF RECEIPT OF COMPLAINT:

Final report issued to Director of Schools by: _____

_____Email/scan copy (request read receipt) **_____Hard copy (initial for receipt)** **Date: _____/_____/_____** **Time:** _____

Transportation Supervisor signature/date: _____

WTP-8444