

(Insert School Name)
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 [\(insert submission information here\)](#).

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 ____ Hard copy Date: ____/____/____ Time: _____
(request read receipt) (initial for receipt)

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 ____ Hard copy Date: ____/____/____ Time: _____
(request read receipt) (initial for receipt)

RETURN FORM TO TRANSPORTATION DEPARTMENT

[\(Insert School Name\)](#)
Transportation Department

[\(Insert School Phone,](#)
[Fax,](#)
[Address\)](#)

Transportation Supervisor signature/date: _____