



# Hawkins County Schools Transportation Concerns

Date: _____	Time: _____
Bus Number: _____	
Driver: _____	
Name of Individual with Concern: _____	
Contact Number/Address: _____	
Staff Member : _____	
Type of Report: Phone _____	Email _____ In Person _____

### Concern

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

### Action Requested/Action Taken:

---

---

---

---

---

---

Call Returned \_\_\_ Yes \_\_\_ No      Date of return call \_\_\_/\_\_\_/\_\_\_

### Response of Complainant:

---

---

---

